

# Canadian Community Health Survey Cycle 3.1

**DRAFT**  
23 JUNE 2004

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## AGE WITHOUT CONFIRMATION (AWC)

AWC\_BEG

AWC\_R01 **For some of the questions I'll be asking I need to know ^YOUR2 exact date of birth.**

AWC\_Q01 **What is ^YOUR2 date of birth?**

Call the Date block (see Appendix I).

AWC\_C02B Calculate age based on the entered date of birth. See Appendix II for detailed specifications for calculating age.

AWC\_Q02 **So ^YOUR2 age is [calculated age].  
Is that correct?**

- |   |  |                 |
|---|--|-----------------|
| 1 | Yes  | (Go to AWC_END) |
| 2 | No, return and correct date of birth       | (Go to AWC_Q01) |
| 3 | No, collect age<br>(DK, R are not allowed) | (Go to AWC_Q03) |

AWC\_Q03 **What is ^YOUR2 age?**

||\_| Age in years  
(MIN: 0) (MAX: 130)  
(DK, R are not allowed)

AWC\_END

## GENERAL HEALTH (GEN)

January 19, 2004

GEN\_BEG

GEN\_C01 If (do GEN =1), go to GEN\_END.  
Otherwise, go to GEN\_R01.

GEN\_R01 **This survey deals with various aspects of [your/FNAME's] health. I'll be asking about such things as physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.**  
INTERVIEWER: Press <Enter> to continue.

GEN\_Q01 **I'll start with a few questions concerning [your/FNAME's] health in general. In general, would you say [your/his/her] health is:**  
INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
- 2 ... very good?
- 3 ... good?
- 4 ... fair?
- 5 ... poor?  
DK, R

GEN\_Q02 **Compared to one year ago, how would you say [your/his/her] health is now? Is it:**  
INTERVIEWER: Read categories to respondent.

- 1 ... much better now than 1 year ago?
- 2 ... somewhat better now than 1 year ago?
- 3 ... about the same?
- 4 ... somewhat worse now than 1 year ago?
- 5 ... much worse now than 1 year ago?  
DK, R

GEN\_C02A If proxy interview, go to GEN\_C07.

GEN\_Q02A **How satisfied are you with your life in general?**  
INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
- 2 **Satisfied**
- 3 **Neither satisfied nor dissatisfied**
- 4 **Dissatisfied**
- 5 **Very dissatisfied**  
DK, R

GEN\_Q02B **In general, would you say your mental health is:**

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
  - 2 ... very good?
  - 3 ... good?
  - 4 ... fair?
  - 5 ... poor?
- DK, R

GEN\_C07 If age < 15, go to GEN\_C08A.

GEN\_Q07 **Thinking about the amount of stress in [your/his/her] life, would you say that most days are:**

INTERVIEWER: Read categories to respondent.

- 1 ... not at all stressful?
  - 2 ... not very stressful?
  - 3 ... a bit stressful?
  - 4 ... quite a bit stressful?
  - 5 ... extremely stressful?
- DK, R

GEN\_C08A If proxy interview, go to GEN\_END.

GEN\_C08B If age < 15 or age > 75, go to GEN\_Q10.

GEN\_Q08 **Have you worked at a job or business at any time in the past 12 months?**

- 1 Yes
  - 2 No (Go to GEN\_Q10)
- DK, R (Go to GEN\_Q10)

GEN\_Q09 **The next question is about your main job or business in the past 12 months.**

**Would you say that most days at work were:**

INTERVIEWER: Read categories to respondent.

- 1 ... not at all stressful?
  - 2 ... not very stressful?
  - 3 ... a bit stressful?
  - 4 ... quite a bit stressful?
  - 5 ... extremely stressful?
- DK, R

GEN\_Q010 **How would you describe your sense of belonging to your local community? Would you say it is:**

INTERVIEWER: Read categories to respondent.

- 1 ... very strong?
  - 2 ... somewhat strong?
  - 3 ... somewhat weak?
  - 4 ... very weak?
- DK, R

GEN\_END

## VOLUNTARY ORGANIZATIONS (ORG)

ORG\_C1A If (ORG block = 2), go to ORG\_END.  
ORGnFDO Otherwise, go to ORG\_C1B.

ORG\_C1B If proxy interview, go to ORG\_END.  
Otherwise, go to ORG\_Q1.

ORG\_Q1 **Are you a member of any voluntary organizations or associations such as**  
ORGn\_1 **school groups, church social groups, community centres, ethnic**  
**associations or social, civic or fraternal clubs?**

- 1 Yes
- 2 No (Go to ORG\_END)
- DK, R (Go to ORG\_END)

ORG\_Q2 **How often did you participate in meetings or activities of these groups in**  
ORGn\_2 **the past 12 months? If you belong to many, just think of the ones in which**  
**you are most active.**

INTERVIEWER: Read categories to respondent.

- 1 **At least once a week**
- 2 **At least once a month**
- 3 **At least 3 or 4 times a year**
- 4 **At least once a year**
- 5 **Not at all**
- DK, R

ORG\_END



## SLEEP (SLP)

SLP\_C1            If (do SLP = 2), go to SLP\_END.  
SLPnFDO        Otherwise, go to SLP\_C2.

SLP\_C2            If proxy interview, go to SLP\_END.  
                      Otherwise, go to SLP\_Q01.

SLP\_Q01         **Now a few questions about sleep.**  
SLPn\_01

### **How long do you usually spend sleeping each night?**

INTERVIEWER: Do not include time spent resting.

- 1        Under 2 hours
  - 2        2 hours to less than 3 hours
  - 3        3 hours to less than 4 hours
  - 4        4 hours to less than 5 hours
  - 5        5 hours to less than 6 hours
  - 6        6 hours to less than 7 hours
  - 7        7 hours to less than 8 hours
  - 8        8 hours to less than 9 hours
  - 9        9 hours to less than 10 hours
  - 10       10 hours to less than 11 hours
  - 11       11 hours to less than 12 hours
  - 12       12 hours or more
- DK  
R        (Go to SLP\_END)

SLP\_Q02         **How often do you have trouble going to sleep or staying asleep?**  
SLPn\_02         INTERVIEWER: Read categories to respondent.

- 1        **None of the time**
  - 2        **A little of the time**
  - 3        **Some of the time**
  - 4        **Most of the time**
  - 5        **All of the time**
- DK, R

SLP\_Q03         **How often do you find your sleep refreshing?**  
SLPn\_03

- 1        None of the time
  - 2        A little of the time
  - 3        Some of the time
  - 4        Most of the time
  - 5        All of the time
- DK, R

SLP\_Q04  
SLPn\_04

How often do you find it difficult to stay awake when you want to?

- 1 None of the time
  - 2 A little of the time
  - 3 Some of the time
  - 4 Most of the time
  - 5 All of the time
- DK, R

SLP\_END

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## CHANGES MADE TO IMPROVE HEALTH (CIH)

February 11, 2004

CIH\_BEG

CIH\_C1A If (do CIH block = 1), go to CIH\_C1B.  
Otherwise, go to CIH\_END.

CIH\_C1B If proxy interview, go to CIH\_END.  
Otherwise, go to CIH\_Q1.

CIH\_Q1 **Next, some questions about changes made to improve health.**

**In the past 12 months, did you do anything to improve your health? (For example, lost weight, quit smoking, increased exercise)**

- 1 Yes
- 2 No (Go to CIH\_Q3)
- DK, R (Go to CIH\_END)

CIH\_Q2 **What is the single most important change you have made?**

- 1 Increased exercise, sports / physical activity
- 2 Lost weight
- 3 Changed diet / improved eating habits
- 4 Quit smoking / reduced amount smoked
- 5 Drank less alcohol
- 6 Reduced stress level
- 7 Received medical treatment
- 8 Took vitamins
- 9 Other – Specify
- DK, R

CIH\_C2S If CIH\_Q2 = 9, go to CIH\_Q2S.  
Otherwise, go to CIH\_Q3.

CIH\_Q2S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

Note: If CIH\_Q1 = 1, use “anything else” in CIH\_Q3.  
Otherwise, use “anything” in CIH\_Q3.

CIH\_Q3 **Do you think there is [anything else / anything] you should do to improve your physical health?**

- 1 Yes
- 2 No (Go to CIH\_END)
- DK, R (Go to CIH\_END)

- CIH\_Q4      **What is the most important thing?**
- 1      Start / Increase exercise, sports / physical activity
  - 2      Lose weight
  - 3      Change diet / improve eating habits
  - 4      Quit smoking / reduce amount smoked
  - 5      Drink less alcohol
  - 6      Reduce stress level
  - 7      Receive medical treatment
  - 8      Take vitamins
  - 9      Other – Specify  
DK, R
- CIH\_C4S      If CIH\_Q4 = 9, go to CIH\_Q4S.  
Otherwise, go to CIH\_Q5.
- CIH\_Q4S      INTERVIEWER: Specify.
- \_\_\_\_\_
- (80 spaces)  
DK, R
- CIH\_Q5      **Is there anything stopping you from making this improvement?**
- 1      Yes
  - 2      No      (Go to CIH\_Q7)  
DK, R      (Go to CIH\_Q7)
- CIH\_Q6      **What is that?**  
INTERVIEWER: Mark all that apply.
- 1      Lack of will power / self-discipline
  - 2      Family responsibilities
  - 3      Work schedule
  - 4      Addiction to drugs / alcohol
  - 5      Physical condition
  - 6      Disability / health problem
  - 7      Too stressed
  - 8      Too costly / financial constraints
  - 9      Not available - in area
  - 10     Transportation problems
  - 11     Weather problems
  - 12     Other - Specify  
DK, R
- CIH\_C6S      If CIH\_Q6 = 12, go to CIH\_Q6S.  
Otherwise, go to CIH\_Q7.
- CIH\_Q6S      INTERVIEWER: Specify.
- \_\_\_\_\_
- (80 spaces)  
DK, R

CIH\_Q7        **Is there anything you intend to do to improve your physical health in the next year?**

- 1        Yes
- 2        No        (Go to CIH\_END)
- DK, R    (Go to CIH\_END)

CIH\_Q8        **What is that?**  
INTERVIEWER : Mark all that apply.

- 1        Start / Increase exercise, sports / physical activity
- 2        Lose weight
- 3        Change diet / improve eating habits
- 4        Quit smoking / reduce amount smoked
- 5        Drink less alcohol
- 6        Reduce stress level
- 7        Receive medical treatment
- 8        Take vitamins
- 9        Other – Specify
- DK, R

CIH\_C8S        If CIH\_Q8 = 9, go to CIH\_Q8S.  
Otherwise, go to CIH\_END.

CIH\_Q8S        INTERVIEWER: Specify.

\_\_\_\_\_

(80 spaces)  
DK, R

CIH\_END

## ORAL HEALTH 1 (OH1)

OH1\_BEG

OH1\_C20A If (do OH1 block = 1), go to OH1\_C20B.  
Otherwise, go to OH1\_END.

OH1\_C20B If proxy interview, go to OH1\_END.  
Otherwise, go to OH1\_QINT20.

OH1\_QINT20 **Next, some questions about the health of your teeth and mouth.**  
INTERVIEWER: Press <Enter> to continue.

OH1\_Q20 **In general, would you say the health of your teeth and mouth is:**  
INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
  - 2 ... very good?
  - 3 ... good?
  - 4 ... fair?
  - 5 ... poor?
- DK, R (Go to OH1\_END)

OH1\_Q21A **Now a few questions about your ability to chew different foods, whether you eat them or not. Can you:**

... chew firm foods (e.g., meat)?

- 1 Yes
  - 2 No
- DK, R

OH1\_Q21B **(Can you:)**

... bite off and chew a piece of fresh apple?

- 1 Yes
  - 2 No
- DK, R

OH1\_C21C If OH1\_Q21A = 1 or OH1\_Q21B = 1, go to OH1\_Q22;  
Otherwise, go to OH1\_Q21C.

Note: OH1\_Q21C will be filled with “Yes” during head office processing

OH1\_Q21C **(Can you:)**

... chew boiled vegetables?

- 1 Yes
  - 2 No
- DK, R

OH1\_Q22      **In the past month, how often have you had any pain or discomfort in your teeth or gums?**

INTERVIEWER: Read categories to respondent.

- 1      **Often**
  - 2      **Sometimes**
  - 3      **Rarely**
  - 4      **Never**
- DK, R

OH1\_END

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## HEIGHT and WEIGHT (HWT)

February 9, 2004

HWT\_BEG

HWT\_C1 If (do HWT block = 1), go to HWT\_Q2.  
Otherwise, go to HWT\_END.

HWT\_Q2 **Now some questions on height and weight.**

**How tall ^ARE ^YOU2 without shoes on?**

- |   |   |                 |
|---|---|-----------------|
| 0 | Less than 1' / 12" (less than 29.2 cm.)         |                 |
| 1 | 1'0" to 1'11" / 12" to 23" (29.2 to 59.6 cm.)   |                 |
| 2 | 2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm.)   |                 |
| 3 | 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.)  | (Go to HWT_N2C) |
| 4 | 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.) | (Go to HWT_N2D) |
| 5 | 5'0" to 5'11" (151.1 to 181.5 cm.)              | (Go to HWT_N2E) |
| 6 | 6'0" to 6'11" (181.6 to 212.0 cm.)              | (Go to HWT_N2F) |
| 7 | 7'0" and over (212.1 cm. and over)              | (Go to HWT_Q3)  |
|   | DK, R   | (Go to HWT_Q3)  |

HWT\_E2 **The selected height is too short for a [age] year old respondent. Please return and correct.**

Note: Trigger hard edit if (HWT\_Q2 < 3).

HWT\_N2A INTERVIEWER: Select the exact height.

- |    |                                |
|----|--------------------------------|
| 0  | 1'0" / 12" (29.2 to 31.7 cm.)  |
| 1  | 1'1" / 13" (31.8 to 34.2 cm.)  |
| 2  | 1'2" / 14" (34.3 to 36.7 cm.)  |
| 3  | 1'3" / 15" (36.8 to 39.3 cm.)  |
| 4  | 1'4" / 16" (39.4 to 41.8 cm.)  |
| 5  | 1'5" / 17" (41.9 to 44.4 cm.)  |
| 6  | 1'6" / 18" (44.5 to 46.9 cm.)  |
| 7  | 1'7" / 19" (47.0 to 49.4 cm.)  |
| 8  | 1'8" / 20" (49.5 to 52.0 cm.)  |
| 9  | 1'9" / 21" (52.1 to 54.5 cm.)  |
| 10 | 1'10" / 22" (54.6 to 57.1 cm.) |
| 11 | 1'11" / 23" (57.2 to 59.6 cm.) |
|    | DK, R                          |



HWT\_N2B INTERVIEWER: Select the exact height.

- 0 2'0" / 24" (59.7 to 62.1 cm.)
  - 1 2'1" / 25" (62.2 to 64.7 cm.)
  - 2 2'2" / 26" (64.8 to 67.2 cm.)
  - 3 2'3" / 27" (67.3 to 69.8 cm.)
  - 4 2'4" / 28" (69.9 to 72.3 cm.)
  - 5 2'5" / 29" (72.4 to 74.8 cm.)
  - 6 2'6" / 30" (74.9 to 77.4 cm.)
  - 7 2'7" / 31" (77.5 to 79.9 cm.)
  - 8 2'8" / 32" (80.0 to 82.5 cm.)
  - 9 2'9" / 33" (82.6 to 85.0 cm.)
  - 10 2'10" / 34" (85.1 to 87.5 cm.)
  - 11 2'11" / 35" (87.6 to 90.1 cm.)
- DK, R

HWT\_N2C INTERVIEWER: Select the exact height.

- 0 3'0" / 36" (90.2 to 92.6 cm.)
  - 1 3'1" / 37" (92.7 to 95.2 cm.)
  - 2 3'2" / 38" (95.3 to 97.7 cm.)
  - 3 3'3" / 39" (97.8 to 100.2 cm.)
  - 4 3'4" / 40" (100.3 to 102.8 cm.)
  - 5 3'5" / 41" (102.9 to 105.3 cm.)
  - 6 3'6" / 42" (105.4 to 107.9 cm.)
  - 7 3'7" / 43" (108.0 to 110.4 cm.)
  - 8 3'8" / 44" (110.5 to 112.9 cm.)
  - 9 3'9" / 45" (113.0 to 115.5 cm.)
  - 10 3'10" / 46" (115.6 to 118.0 cm.)
  - 11 3'11" / 47" (118.1 to 120.6 cm.)
- DK, R

Go to HWT\_Q3

HWT\_N2D INTERVIEWER: Select the exact height.

- 0 4'0" / 48" (120.7 to 123.1 cm.)
  - 1 4'1" / 49" (123.2 to 125.6 cm.)
  - 2 4'2" / 50" (125.7 to 128.2 cm.)
  - 3 4'3" / 51" (128.3 to 130.7 cm.)
  - 4 4'4" / 52" (130.8 to 133.3 cm.)
  - 5 4'5" / 53" (133.4 to 135.8 cm.)
  - 6 4'6" / 54" (135.9 to 138.3 cm.)
  - 7 4'7" / 55" (138.4 to 140.9 cm.)
  - 8 4'8" / 56" (141.0 to 143.4 cm.)
  - 9 4'9" / 57" (143.5 to 146.0 cm.)
  - 10 4'10" / 58" (146.1 to 148.5 cm.)
  - 11 4'11" / 59" (148.6 to 151.0 cm.)
- DK, R

Go to HWT\_Q3

HWT\_N2E INTERVIEWER: Select the exact height.

- 0 5'0" (151.1 to 153.6 cm.)
  - 1 5'1" (153.7 to 156.1 cm.)
  - 2 5'2" (156.2 to 158.7 cm.)
  - 3 5'3" (158.8 to 161.2 cm.)
  - 4 5'4" (161.3 to 163.7 cm.)
  - 5 5'5" (163.8 to 166.3 cm.)
  - 6 5'6" (166.4 to 168.8 cm.)
  - 7 5'7" (168.9 to 171.4 cm.)
  - 8 5'8" (171.5 to 173.9 cm.)
  - 9 5'9" (174.0 to 176.4 cm.)
  - 10 5'10" (176.5 to 179.0 cm.)
  - 11 5'11" (179.1 to 181.5 cm.)
- DK, R

Go to HWT\_Q3

HWT\_N2F INTERVIEWER: Select the exact height.

- 0 6'0" (181.6 to 184.1 cm.)
  - 1 6'1" (184.2 to 186.6 cm.)
  - 2 6'2" (186.7 to 189.1 cm.)
  - 3 6'3" (189.2 to 191.7 cm.)
  - 4 6'4" (191.8 to 194.2 cm.)
  - 5 6'5" (194.3 to 196.8 cm.)
  - 6 6'6" (196.9 to 199.3 cm.)
  - 7 6'7" (199.4 to 201.8 cm.)
  - 8 6'8" (201.9 to 204.4 cm.)
  - 9 6'9" (204.5 to 206.9 cm.)
  - 10 6'10" (207.0 to 209.5 cm.)
  - 11 6'11" (209.6 to 212.0 cm.)
- DK, R

HWT\_Q3 **How much ^DOVERB ^YOU2 weigh?**

INTERVIEWER: Enter amount only.

\_|\_|\_| Weight  
 (MIN: 1) (MAX: 575)  
 DK, R (Go to HWT\_END)

\_|\_|\_| Weight  
 (MIN: 1) (MAX: 575; warning after 300 lb or 136 kg and warning under 60 lb or 27 kg)  
 DK, R (Go to HWT\_END)

HWT\_N4 INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds
  - 2 Kilograms
- (DK, R are not allowed)

HWT\_E4 An unusual value has been entered. Please confirm.

Note: Trigger soft edit if (HWT\_Q3 > 300 and HWT\_N4 = 1 or HWT\_Q3 > 136 and HWT\_N4 = 2) or (HWT\_Q3 < 60 and HWT\_N4 = 1 or HWT\_Q3 < 27 and HWT\_N4 = 2).

HWT\_C4 If proxy interview, go to HWT\_END.  
Otherwise, go to HWT\_Q4.

HWT\_Q4 **Do you consider yourself:**  
INTERVIEWER: Read categories to respondent.

- 1 ... overweight?
- 2 ... underweight?
- 3 ... just about right?  
DK, R

HWT\_END

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## CHRONIC CONDITIONS (CCC)

March 18, 2004

CHRONIC CONDITIONS (SectLabel)

CCC\_BEG Set HasSkinCancer = No

CCC\_C011 If (do CCC block = 1), go to CCC\_R011.  
Otherwise, go to CCC\_END.

CCC\_R011 **Now I'd like to ask about certain chronic health conditions which ^YOU2 may have. We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.**  
INTERVIEWER: Press <Enter> to continue.

CCC\_Q011 **^DOVERB\_C ^YOU2 have:**

**... food allergies?**

- 1 Yes
- 2 No
- DK
- R (Go to CCC\_END)

CCC\_Q021 **(^DOVERB\_C ^YOU2 have:)**

**... any other allergies?**

- 1 Yes
- 2 No
- DK, R

CCC\_Q031 **(^DOVERB\_C ^YOU2 have:)**

**... asthma?**

- 1 Yes
- 2 No (Go to CCC\_Q041)
- DK, R (Go to CCC\_Q041)

CCC\_Q035 **^HAVE\_C ^YOU2 had any asthma symptoms or asthma attacks in the past 12 months?**

- 1 Yes
- 2 No
- DK, R

CCC\_Q036 **In the past 12 months, ^HAVE ^YOU1 taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q041 **^DOVERB\_C ^YOU2 have fibromyalgia?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q051 **Remember, we're interested in conditions diagnosed by a health professional.**

**^DOVERB\_C ^YOU2 have arthritis or rheumatism, excluding fibromyalgia?**

- 1 Yes
- 2 No (Go to CCC\_Q061)  
DK, R (Go to CCC\_Q061)

CCC\_Q05A **What kind of arthritis ^DOVERB ^YOU1 have?**

- 1 Rheumatoid arthritis
- 2 Osteoarthritis
- 3 Rheumatism
- 4 Other - Specify  
DK, R

CCC\_C05AS If CCC\_Q05A = 4, go to CCC\_Q05AS.  
Otherwise, go to CCC\_Q061.

CCC\_Q05AS INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

CCC\_Q061 **(Remember, we're interested in conditions diagnosed by a health professional.)**

**^DOVERB\_C ^YOU2 have back problems, excluding fibromyalgia and arthritis?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q071 **^DOVERB\_C ^YOU2 have high blood pressure?**

- 1 Yes (Go to CCC\_Q073)
- 2 No  
DK  
R (Go to CCC\_Q081)

CCC\_Q072 **^HAVE\_C ^YOU1 ever been diagnosed with high blood pressure?**

- 1 Yes
- 2 No (Go to CCC\_Q081)
- DK, R (Go to CCC\_Q081)

CCC\_Q073 **In the past month, ^HAVE ^YOU1 taken any medicine for high blood pressure?**

- 1 Yes
- 2 No
- DK, R

CCC\_Q074 **In the past month, did ^YOU1 do anything else, recommended by a health professional, to reduce or control ^YOUR1 blood pressure?**

- 1 Yes
- 2 No (Go to CCC\_Q081)
- DK, R (Go to CCC\_Q081)

CCC\_Q075 **What did ^YOU1 do?**

INTERVIEWER: Mark all that apply.

- 1 Changed diet (e.g., reduced salt intake)
- 2 Exercised more
- 3 Reduced alcohol intake
- 4 Other
- DK, R

CCC\_Q081 **Remember, we're interested in conditions diagnosed by a health professional.**

**^DOVERB\_C ^YOU2 have migraine headaches?**

- 1 Yes
- 2 No
- DK, R

CCC\_Q091A **(Remember, we're interested in conditions diagnosed by a health professional.)**

**(^DOVERB ^YOU2] have:)**

**... chronic bronchitis?**

- 1 Yes
- 2 No
- DK, R

CCC\_C091E If age < 30, go to CCC\_Q101.  
Otherwise, go to CCC\_091E.

CCC\_Q091E (^DOVERB ^YOU2 have:)

... emphysema?

- 1 Yes
- 2 No  
DK, R

CCC\_Q091F (^DOVERB ^YOU2 have:)

... chronic obstructive pulmonary disease (COPD)?

- 1 Yes
- 2 No  
DK, R

CCC\_Q101 (^DOVERB ^YOU2 have:)

... diabetes?

- 1 Yes
- 2 No (Go to CCC\_Q111)  
DK, R (Go to CCC\_Q111)

CCC\_Q102 How old ^WERE ^YOU1 when this was first diagnosed?

INTERVIEWER: Maximum is [current age].

||| Age in years  
(MIN: 0) (MAX: current age)  
DK, R

CCC\_C10A If age < 15 or sex = male or CCC\_Q102 < 15 or CCC\_Q102 > 49, go to CCC\_Q10C.  
Otherwise, go to CCC\_Q10A.

CCC\_Q10A ^WERE ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with diabetes?

- 1 Yes
- 2 No (Go to CCC\_Q10C)  
DK, R (Go to CCC\_Q10C)

CCC\_Q10B Other than during pregnancy, has a health professional ever told ^YOU1 that ^YOU1 ^HAVE diabetes?

- 1 Yes
- 2 No (Go to CCC\_Q111)  
DK, R (Go to CCC\_Q111)

CCC\_Q10C **When ^YOU1 ^WERE first diagnosed with diabetes, how long was it before ^YOU1 ^WERE started on insulin?**

- 1 Less than 1 month
- 2 1 month to less than 2 months
- 3 2 months to less than 6 months
- 4 6 months to less than 1 year
- 5 1 year or more
- 6 Never (Go to CCC\_Q106)  
DK, R

CCC\_Q105 **^DOVERB\_C ^YOU2 currently take insulin for ^YOUR1 diabetes?**

- 1 Yes
- 2 No  
DK, R  
(If CCC\_Q10C = 6, CCC\_Q105 will be filled with “No” during processing)

CCC\_Q106 **In the past month, did ^YOU2 take pills to control ^YOUR1 blood sugar?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q111 **Remember, we’re interested in conditions diagnosed by a health professional.**

**^DOVERB\_C ^YOU2 have epilepsy?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q121 **(^DOVERB\_C ^YOU2 have:)**

**... heart disease?**

- 1 Yes
- 2 No (Go to CCC\_Q131)  
DK, R (Go to CCC\_Q131)

CCC\_Q131 **[^DOVERB\_C ^YOU2] have cancer?**

- 1 Yes (Go to CCC\_C133)
- 2 No  
DK  
R (Go to CCC\_Q141)

CCC\_Q132 **^HAVE ^YOU1 ever been diagnosed with cancer?**

- 1 Yes
- 2 No (Go to CCC\_Q141)  
DK, R (Go to CCC\_Q141)



CCC\_C133 If sex = male, go to CCC\_Q133B.  
Otherwise, go to CCC\_Q133A.

Note: If CCC\_Q131 = 1, use ^DOVERB (do/does) in CCC\_Q133A.  
If CCC\_Q131 <> 1, use “did” in CCC\_Q133A.

CCC\_Q133A **What type of cancer [^DOVERB/did] ^YOU1 have?**  
INTERVIEWER: Mark all that apply.

- 1 Breast
- 2 Colorectal
- 3 Skin – Melanoma
- 4 Skin - Non-melanoma
- 5 Other  
DK, R

Go to CCC\_D133

Note: If CCC\_Q131 = 1, use ^DOVERB (do/does) in CCC\_Q133B.  
If CCC\_Q131 <> 1, use “did” in CCC\_Q133B.

CCC\_Q133B **What type of cancer [^DOVERB/did] ^YOU1 have?**  
INTERVIEWER: Mark all that apply.

- 1 Prostate
- 2 Colorectal
- 3 Skin – Melanoma
- 4 Skin - Non-melanoma
- 5 Other  
DK, R

CCC\_D133 If CCC\_Q133A = 3 or CCC\_Q133A = 4 or CCC\_Q133B = 3 or CCC\_Q133B = 4,  
HasSkinCancer = Yes.

CCC\_Q141 **(Remember, we’re interested in conditions diagnosed by a health professional.)**

**^DOVERB ^YOU2 have intestinal or stomach ulcers?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q151 **^DOVERB ^YOU2 suffer from the effects of a stroke?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q161 **(^DOVERB ^YOU2 suffer:)**  
**... from urinary incontinence?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q171 **^DOVERB\_C ^YOU2 suffer from a bowel disorder such as Crohn's Disease, ulcerative colitis, Irritable Bowel Syndrome or bowel incontinence?**

- 1 Yes
- 2 No (Go to CCC\_C181)
- DK, R (Go to CCC\_C181)

CCC\_Q171A **What kind of bowel disease ^DOVERB ^YOU1 have?**

- 1 Crohn's Disease
- 2 Ulcerative colitis
- 3 Irritable Bowel Syndrome
- 4 Bowel incontinence
- 5 Other
- DK, R

CCC\_C181 If age < 18, go to CCC\_Q211.  
Otherwise, go to CCC\_Q181.

CCC\_Q181 **(Remember, we're interested in conditions diagnosed by a health professional.)**

**(^DOVERB\_C ^YOU2] have:)**

**... Alzheimer's Disease or any other dementia?**

- 1 Yes
- 2 No
- DK, R

CCC\_Q191 **(^DOVERB\_C ^YOU2 have:)**

**... cataracts?**

- 1 Yes
- 2 No
- DK, R

CCC\_Q201 **(^DOVERB\_C ^YOU2 have:)**

**... glaucoma?**

- 1 Yes
- 2 No
- DK, R

CCC\_Q211 **(^DOVERB\_C ^YOU2 have:)**

**... a thyroid condition?**

- 1 Yes
- 2 No
- DK, R

CCC\_Q251 **Remember, we're interested in conditions diagnosed by a health professional.**

**^DOVERB\_C ^YOU2 have chronic fatigue syndrome?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q261 **^DOVERB\_C ^YOU2 suffer from multiple chemical sensitivities?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q271 **^DOVERB\_C ^YOU2 have schizophrenia?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q280 **Remember, we're interested in conditions diagnosed by a health professional.**

**^DOVERB\_C ^YOU2 have a mood disorder such as depression, bipolar disorder, mania or dysthymia?**

INTERVIEWER: Include manic depression.

- 1 Yes
- 2 No  
DK, R

CCC\_Q290 **(Remember, we're interested in conditions diagnosed by a health professional.)**

**^DOVERB\_C ^YOU2 have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q321 **^DOVERB\_C ^YOU2 have autism or any other developmental disorder such as Down's syndrome, Asperger's syndrome or Rett syndrome?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q331 **(Remember, we're interested in conditions diagnosed by a health professional.)**

**^DOVERB\_C ^YOU2 have a learning disability?**

- 1 Yes
- 2 No (Go to CCC\_Q341)
- DK, R (Go to CCC\_Q341)

CCC\_Q331A **What kind of learning disability ^DOVERB ^YOU2 have?**  
INTERVIEWER: Mark all that apply.

- 1 Attention Deficit Disorder, no hyperactivity (ADD)
- 2 Attention Deficit Hyperactivity Disorder (ADHD)
- 3 Dyslexia
- 4 Other - Specify  
DK, R

CCC\_C331AS If CCC\_Q331A = 4, go to CCC\_Q331S.  
Otherwise, go to CCC\_Q341.

CCC\_Q331AS INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

CCC\_Q341 **^DOVERB\_C ^YOU2 have an eating disorder such as anorexia or bulimia?**

- 1 Yes
- 2 No
- DK, R

CCC\_Q901 **^DOVERB\_C ^YOU2 have any other long-term physical or mental health condition that has been diagnosed by a health professional?**

- 1 Yes
- 2 No (Go to CCC\_END)
- DK, R (Go to CCC\_END)

CCC\_C901S If CCC\_Q901S = 1, go to CCC\_Q901S.  
Otherwise, go to CCC\_END.

CCC\_Q901S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

CCC\_END

## DIABETES CARE (DIA)

March 9, 2004

DIA\_BEG

DIA\_C01A If (do DIA block = 1), go to DIA\_C01B.  
Otherwise, go to DIA\_END.

DIA\_C01B If (CCC\_Q101 = 1), go to DIA\_C01C.  
Otherwise, go to DIA\_END.

DIA\_C01C If (CCC\_Q10A = 1), go to DIA\_END.  
Otherwise, go to DIA\_R01.

DIA\_R01 **It was reported earlier that ^YOU2 ^HAVE diabetes. The following questions are about diabetes care.**  
INTERVIEWER: Press <Enter> to continue.

DIA\_Q01 **In the past 12 months, has a health care professional tested ^YOU2 for hemoglobin “A-one-C”? (An “A-one-C” hemoglobin test measures the average level of blood sugar over a 3-month period.)**

- 1 Yes
- 2 No (Go to DIA\_Q03)
- DK (Go to DIA\_Q03)
- R (Go to DIA\_END)

DIA\_Q02 **How many times? (In the past 12 months, has a health care professional tested ^YOU2 for hemoglobin “A-one-C”?)**

|\_| Times  
(MIN: 1) (MAX: 99)  
DK, R

DIA\_Q03 **In the past 12 months, has a health care professional checked ^YOUR1 feet for any sores or irritations?**

- 1 Yes
- 2 No (Go to DIA\_Q05)
- 3 No feet (Go to DIA\_Q05)
- DK, R (Go to DIA\_Q05)

DIA\_Q04 **How many times? (In the past 12 months, has a health care professional checked ^YOUR1 feet for any sores or irritations?)**

|\_| Times  
(MIN: 1) (MAX: 99)  
DK, R

- DIA\_Q05      **In the past 12 months, has a health care professional tested ^YOUR1 urine for protein (i.e., Microalbumin)?**
- 1      Yes
  - 2      No  
         DK, R
- DIA\_Q06      **^HAVE\_C ^YOU2 ever had an eye exam where the pupils of ^YOUR1 eyes were dilated? (This procedure would have made ^HIMHER temporarily sensitive to light.)**
- 1      Yes
  - 2      No                      (Go to DIA\_R08)  
         DK, R                      (Go to DIA\_R08)
- DIA\_Q07      **When was the last time?**  
INTERVIEWER: Read categories to respondent.
- 1      **Less than one month ago**
  - 2      **1 month to less than 1 year ago**
  - 3      **1 year to less than 2 years ago**
  - 4      **2 or more years ago**  
         DK, R
- DIA\_R08      **Now some questions about diabetes care not provided by a health care professional.**  
INTERVIEWER: Press <Enter> to continue.
- DIA\_Q08      **How often ^DOVERB ^YOU2 usually have ^YOUR1 blood checked for glucose or sugar by ^YOURSELF or by a family member or friend?**  
INTERVIEWER: Select the reporting period here and enter the number in the next screen.
- 1      Per day
  - 2      Per week              (Go to DIA\_N08C)
  - 3      Per month              (Go to DIA\_N08D)
  - 4      Per year                (Go to DIA\_N08E)
  - 5      Never                    (Go to DIA\_C09)  
         DK, R                    (Go to DIA\_C09)
- DIA\_N08B      INTERVIEWER: Enter number of times per day.
- I\_I\_I    Times  
         (MIN: 1) (MAX: 99)  
         DK, R
- Go to DIA\_C09

DIA\_N08C INTERVIEWER: Enter number of times per week.

I\_I\_I Times  
(MIN: 1) (MAX: 99)  
DK, R

Go to DIA\_C09

DIA\_N08D INTERVIEWER: Enter number of times per month.

I\_I\_I Times  
(MIN: 1) (MAX: 99)  
DK, R

Go to DIA\_C09

DIA\_N08E INTERVIEWER: Enter number of times per year.

I\_I\_I Times  
(MIN: 1) (MAX: 99)  
DK, R

Go to DIA\_C09

DIA\_C09 If DIA\_Q03 = 3 (no feet), go to DIA\_C10.  
Otherwise, go to DIA\_Q09.

DIA\_Q09 **How often ^DOVERB ^YOU2 usually have ^YOUR1 feet checked for any sores or irritations by ^YOURSELF or by a family member or friend?**  
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- |   |           |                  |
|---|-----------|------------------|
| 1 | Per day   |                  |
| 2 | Per week  | (Go to DIA_N09C) |
| 3 | Per month | (Go to DIA_N09D) |
| 4 | Per year  | (Go to DIA_N09E) |
| 5 | Never     | (Go to DIA_C10)  |
|   | DK, R     | (Go to DIA_C10)  |

DIA\_N09B INTERVIEWER: Enter number of times per day.

I\_I\_I Times  
(MIN: 1) (MAX: 99)  
DK, R

Go to DIA\_C10

DIA\_N09C INTERVIEWER: Enter number of times per week.

I\_I\_I Times  
(MIN: 1) (MAX: 99)  
DK, R

Go to DIA\_C10

DIA\_N09D INTERVIEWER: Enter number of times per month.  
  
I\_I\_I Times  
(MIN: 1) (MAX: 99)  
DK, R  
  
Go to DIA\_C10

DIA\_N09E INTERVIEWER: Enter number of times per year.  
  
I\_I\_I Times  
(MIN: 1) (MAX: 99)  
DK, R  
  
Go to DIA\_C10

DIA\_C10 If age >= 35, go to DIA\_R10.  
Otherwise, go to DIA\_END.

DIA\_R10 Now a few questions about medication.  
INTERVIEWER: Press <Enter> to continue

DIA\_Q10 **In the past month, did ^YOU2 take aspirin or other ASA (acetylsalicylic acid) medication every day or every second day?**  
  
1 Yes  
2 No  
DK, R

DIA\_Q11 **In the past month, did ^YOU1 take prescription medications such as Lipitor or Zocor to control ^YOUR1 blood cholesterol levels?**  
  
1 Yes  
2 No  
DK, R

DIA\_END



## HEALTH CARE UTILIZATION (HCU)

March 10, 2004

HCU\_BEG

HCU\_C01 If (HCU block = 1), go to HCU\_R01.  
Otherwise, go to HCU\_END.

HCU\_R01 **Now I'd like to ask about [your/FNAME's] contacts with health professionals during the past 12 months, that is, from [date one year ago] to yesterday.**  
INTERVIEWER: Press <Enter> to continue.

HCU\_Q01AA **[Do/Does] [you/FNAME] have a regular medical doctor?**

- 1 Yes (Go to HCU\_Q01AC)
- 2 No  
DK, R (Go to HCU\_Q01BA)

HCU\_Q01AB **Why [do/does] [you/FNAME] not have a regular medical doctor?**  
INTERVIEWER: Mark all that apply.

- 1 No medical doctors available in the area
- 2 Medical doctors in the area are not taking new patients
- 3 Have not tried to contact one
- 4 Had a medical doctor who left or retired
- 5 Other - Specify  
DK, R

HCU\_C01ABS If HCU\_Q01AB <> 5, go to HCU\_Q01BA.  
Otherwise, go to HCU\_Q01ABS.

HCU\_Q01ABS INTERVIEWER : Specify.

---

(80 spaces)

(Go to HCU\_Q01BA)

HCU\_Q01AC **Do [you/FNAME] and this doctor usually speak in English, in French, or in another language?**

- |    |                 |    |                    |
|----|-----------------|----|--------------------|
| 1  | English         | 13 | Portuguese         |
| 2  | French          | 14 | Punjabi            |
| 3  | Arabic          | 15 | Spanish            |
| 4  | Chinese         | 16 | Tagalog (Pilipino) |
| 5  | Cree            | 17 | Ukrainian          |
| 6  | German          | 18 | Vietnamese         |
| 7  | Greek           | 19 | Dutch              |
| 8  | Hungarian       | 20 | Hindi              |
| 9  | Italian         | 21 | Russian            |
| 10 | Korean          | 22 | Tamil              |
| 11 | Persian (Farsi) | 23 | Other – Specify    |
| 12 | Polish          |    | DK, R              |

HCU\_C01ACS If HCU\_Q01AC <> 23, go to HCU\_Q01BA.  
Otherwise, go to HCU\_Q01ACS.

HCU\_Q01ACS INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)

HCU\_Q01BA **In the past 12 months, [have/has] [you/FNAME] been a patient overnight in a hospital, nursing home or convalescent home?**

HCU\_Q01BA **Au cours des 12 derniers mois, [avez/a][-/t-][vous/il/elle] passé la nuit comme patient<sup>e</sup> à l'hôpital, dans un foyer de soins infirmiers ou dans une maison de convalescence?**

- 1 Yes
- 2 No (Go to HCU\_Q02A)
- DK (Go to HCU\_Q02A)
- R (Go to HCU\_END)

HCU\_Q01BB **For how many nights in the past 12 months?**

\_|\_|\_| Nights  
(MIN: 1) (MAX: 366; warning after 100)  
DK, R

HCU\_Q02A **[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:**

**... a family doctor[, pediatrician] or general practitioner?**  
(include pediatrician if age < 18)

\_|\_|\_| Times  
(MIN: 0) (MAX: 366; warning after 12)  
DK, R

HCU\_Q02B **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)**

**... an eye specialist (such as an ophthalmologist or optometrist)?**

\_|\_|\_| Times  
(MIN: 0) (MAX: 75; warning after 3)  
DK, R

HCU\_Q02C **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)**

**... any other medical doctor (such as a surgeon, allergist, orthopedist, gynaecologist or psychiatrist)?**

||| Times  
(MIN: 0) (MAX: 300; warning after 7)  
DK, R

HCU\_Q02D **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:**

**... a nurse for care or advice?**

||| Times  
(MIN: 0) (MAX: 366; warning after 15)  
DK, R

HCU\_Q02E **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)**

**... a dentist or orthodontist?**

||| Times  
(MIN: 0) (MAX: 99; warning after 4)  
DK, R

HCU\_Q02F **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)**

**... a chiropractor?**

||| Times  
(MIN: 0) (MAX: 366; warning after 20)  
DK, R

HCU\_Q02G **[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:**

**... a physiotherapist?**

||| Times  
(MIN: 0) (MAX: 366; warning after 30)  
DK, R

HCU\_Q02H **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)**

**... a social worker or counsellor?**

||| Times  
(MIN: 0) (MAX: 366; warning after 20)  
DK, R

HCU\_Q02I **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)**

**... a psychologist?**

||| Times  
(MIN: 0) (MAX: 366; warning after 25)  
DK, R

HCU\_Q02J **[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:**

**... a speech, audiology or occupational therapist?**

||| Times  
(MIN: 0) (MAX: 200; warning after 12)  
DK, R

Note to programmer:  
For each response > 0 in HCU\_Q02A, HCU\_Q02C or HCU\_Q02D, ask HCU\_Q03.

HCU\_Q03 **Where did the most recent contact take place?**  
INTERVIEWER: If respondent says “hospital”, probe for details.

- 1 Doctor's office
- 2 Hospital emergency room
- 3 Hospital outpatient clinic (e.g. day surgery, cancer)
- 4 Walk-in clinic
- 5 Appointment clinic
- 6 Community health centre / CLSC
- 7 At work
- 8 At school
- 9 At home
- 10 Telephone consultation only
- 11 Other - Specify  
DK, R

HCU\_C03S If HCU\_Q03 = 11, go to HCU\_Q03S.  
Otherwise, go to HCU\_Q03\_1.

HCU\_Q03S INTERVIEWER: Specify.

---

(80 spaces)

Note: If HCU\_Q03 = 3 (Hospital outpatient clinic), or 5 (Appointment clinic) or 6 (Community health centre), ask HCU\_Q03\_1.  
Otherwise, go to HCU\_Q04A.

HCU\_Q03\_1 **Did this most recent contact occur:**  
INTERVIEWER: Read categories to respondent.

- 1 ... in-person (face-to-face)?
- 2 ... through a videoconference?
- 3 ... through another method?  
DK, R

HCU\_Q04A **In the past 12 months, [have/has] [you/he/she] attended a meeting of a self-help group such as AA or a cancer support group?**

- 1 Yes
- 2 No  
DK, R

HCU\_Q04 **People may also use alternative or complementary medicine. In the past 12 months, [have/has] [you/FNAME] seen or talked to an alternative health care provider such as an acupuncturist, homeopath or massage therapist about [your/his/her] physical, emotional or mental health?**

- 1 Yes
- 2 No (Go to HCU\_C06)  
DK, R (Go to HCU\_C06)

HCU\_Q05 **Who did [you/FNAME] see or talk to?**

INTERVIEWER: Mark all that apply.

- 1 Massage therapist
- 2 Acupuncturist
- 3 Homeopath or naturopath
- 4 Feldenkrais or Alexander teacher
- 5 Relaxation therapist
- 6 Biofeedback teacher
- 7 Rolfer
- 8 Herbalist
- 9 Reflexologist
- 10 Spiritual healer
- 11 Religious healer
- 12 Other - Specify  
DK, R

HCU\_C05S If HCU\_Q05 = 12, go to HCU\_Q05S.  
Otherwise, go to HCU\_C06.

HCU\_Q05S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)

HCU\_C06 If non-proxy interview, ask “During the past 12 months, was there ever a time when you felt that you needed health care but you didn’t receive it?” in HCU\_Q06.

If proxy interview and age < 18, ask “During the past 12 months, was there ever a time when you felt that FNAME needed health care but [he/she] didn’t receive it?” in HCU\_Q06.

If proxy interview and age >= 18, ask “During the past 12 months, was there ever a time when FNAME felt that [he/she] needed health care but [he/she] didn’t receive it?” in HCU\_Q06.

HCU\_Q06 **During the past 12 months, was there ever a time when [you/FNAME] felt that [you/FNAME/he/she] needed health care but [you/he/she] didn’t receive it?**

- 1 Yes
- 2 No (Go to HCU\_END)
- DK, R (Go to HCU\_END)

HCU\_Q07 **Thinking of the most recent time, why didn't [you/he/she] get care?**

INTERVIEWER: Mark all that apply.

- 1 Not available - in the area
- 2 Not available - at time required (e.g. doctor on holidays, inconvenient hours)
- 3 Waiting time too long
- 4 Felt would be inadequate
- 5 Cost
- 6 Too busy
- 7 Didn't get around to it / didn't bother
- 8 Didn't know where to go
- 9 Transportation problems
- 10 Language problems
- 11 Personal or family responsibilities
- 12 Dislikes doctors / afraid
- 13 Decided not to seek care
- 14 Doctor - didn't think it was necessary
- 15 Unable to leave the house because of a health problem
- 16 Other - Specify  
DK, R

HCU\_C07S If HCU\_Q07 = 16 , go to HCU\_Q07S.  
Otherwise, go to HCU\_Q08.

HCU\_Q07S INTERVIEWER: Specify.

---

(80 spaces)

HCU\_Q08 **Again, thinking of the most recent time, what was the type of care that was needed?**

INTERVIEWER: Mark all that apply.

- 1 Treatment of - a physical health problem
- 2 Treatment of - an emotional or mental health problem
- 3 A regular check-up (including regular pre-natal care)
- 4 Care of an injury
- 5 Other - Specify  
DK, R

HCU\_C08S If HCU\_Q08 = 5, go to HCU\_Q08S.  
Otherwise, go to HCU\_Q09.

HCU\_Q08S INTERVIEWER: Specify.

---

(80 spaces)

HCU\_Q09 **Where did [you/he/she] try to get the service [you/he/she] [were/was] seeking?**

INTERVIEWER: Mark all that apply.

- 1 Doctor's office
- 2 Hospital - emergency room
- 3 Hospital - overnight patient
- 4 Hospital - outpatient clinic (e.g., day surgery, cancer)
- 5 Walk-in clinic
- 6 Appointment clinic
- 7 Community health centre / CLSC
- 8 Other - Specify  
DK, R

HCU\_C09S If HCU\_Q09 = 8 , go to HCU\_Q09S.  
Otherwise, go to HCU\_END.

HCU\_Q09S INTERVIEWER: Specify.

---

(80 spaces)

HCU\_END



## HOME CARE (HMC)

March 3, 2004

HMC\_BEG

HMC\_C09A If (do HMC block = 1), go to HMC\_C09B.  
Otherwise, go to HMC\_END.

HMC\_C09B If age < 18, go to HMC\_END.  
Otherwise, go to HMC\_R09.

HMC\_R09 **Now some questions on home care services. These are health care, home maker or other support services received at home. People may receive home care due to a health problem or condition that affects their daily activities. Examples include: nursing care, personal care or help with bathing, housework, meal preparation, meal delivery and respite care.**  
INTERVIEWER: Press <Enter> to continue.

HMC\_Q09 **^HAVE\_C ^YOU2 received any home care services in the past 12 months, with the cost being entirely or partially covered by government?**

- 1 Yes
- 2 No (Go to HMC\_Q11)
- DK (Go to HMC\_Q11)
- R (Go to HMC\_END)

HMC\_Q10 **What type of services ^HAVE ^YOU1 received?**  
INTERVIEWER: Read categories to respondent. Mark all that apply.  
Cost must be entirely or partially covered by government.

- 1 **Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)**
- 2 **Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)**
- 3 **Medical equipment or supplies**
- 4 **Personal care (e.g., bathing, foot care)**
- 5 **Housework (e.g., cleaning, laundry)**
- 6 **Meal preparation or delivery**
- 7 **Shopping**
- 8 **Respite care (i.e., caregiver relief)**
- 9 Other - Specify  
DK, R

HMC\_C10S If HMC\_Q10 = 9, go to HMC\_Q10S.  
Otherwise, go to HMC\_Q11.

HMC\_Q10S INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

Note: If HMC\_Q09 = 1, use “any other home care services” in HMC\_Q11.  
Otherwise, use “any home care services” in HMC\_Q11.

HMC\_Q11 **^HAVE ^YOU2 received any [other] home care services in the past 12 months, with the cost not covered by government (for example: care provided by a private agency or by a spouse or friends)?**  
INTERVIEWER: Include only health care, homemaker or other support services (e.g., housework) that are provided because of a respondent’s health problem or condition.

- 1 Yes
- 2 No (Go to HMC\_Q14)
- DK, R (Go to HMC\_Q14)

Note: If HMC\_Q09 = 1, use “other home care services” in HMC\_Q12.  
Otherwise, use “home care services” in HMC\_Q12.

HMC\_Q12 **Who provided these [other] home care services?**  
INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 **Nurse from a private agency**
- 2 **Homemaker or other support services from a private agency**
- 3 **Physiotherapist or other therapist from a private agency**
- 4 **Neighbour or friend**
- 5 **Family member or spouse**
- 6 **Volunteer**
- 7 Other - Specify  
DK, R

HMC\_C12S If HMC\_Q12 = 7, go to HMC\_Q12S.  
Otherwise, go to HMC\_C13.

HMC\_Q12S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

HMC\_C13 For each person identified in HMC\_Q12, ask HMC\_Q13n up to 7 times, n = where A, B, C, D, E, F, G.

HMC\_Q13n **What type of services ^HAVE ^YOU1 received from [person identified in HMC\_Q12]?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 **Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)**
- 2 **Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)**
- 3 **Medical equipment or supplies**
- 4 **Personal care (e.g., bathing, foot care)**
- 5 **Housework (e.g., cleaning, laundry)**
- 6 **Meal preparation or delivery**
- 7 **Shopping**
- 8 **Respite care (i.e., caregiver relief)**
- 9 Other - Specify  
DK, R

HMC\_C13nS If HMC\_Q13n = 9, go to HMC\_Q13nS.  
Otherwise, go to HMC\_Q14.

HMC\_Q13nS INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

HMC\_Q14 **During the past 12 months, was there ever a time when ^YOU2 felt that ^YOU1 needed home care services but ^YOU1 didn't receive them?**

- 1 Yes
- 2 No (Go to HMC\_END)
- DK, R (Go to HMC\_END)

HMC\_Q15 **Thinking of the most recent time, why didn't ^YOU1 get these services?**

INTERVIEWER: Mark all that apply.

- 1 Not available - in the area
- 2 Not available - at time required (e.g., inconvenient hours)
- 3 Waiting time too long
- 4 Felt would be inadequate
- 5 Cost
- 6 Too busy
- 7 Didn't get around to it / didn't bother
- 8 Didn't know where to go / call
- 9 Language problems
- 10 Personal or family responsibilities
- 11 Decided not to seek services
- 12 Doctor - did not think it was necessary
- 13 Not eligible for homecare
- 14 Still waiting for homecare
- 15 Other - Specify  
DK, R

HMC\_C15S If HMC\_Q15 = 15, go to HMC\_Q15S.  
Otherwise, go to HMC\_Q16.

HMC\_Q15S INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

HMC\_Q16 **Again, thinking of the most recent time, what type of home care was needed?**

INTERVIEWER: Mark all that apply.

- 1 Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)
  - 2 Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)
  - 3 Medical equipment or supplies
  - 4 Personal care (e.g., bathing, foot care)
  - 5 Housework (e.g., cleaning, laundry)
  - 6 Meal preparation or delivery
  - 7 Shopping
  - 8 Respite care (i.e., caregiver relief)
  - 9 Other - Specify
- DK, R

HMC\_C16S If HMC\_Q16 = 9, go to HMC\_Q16S.  
Otherwise, go to HMC\_Q17.

HMC\_Q16S INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

HMC\_Q17 **Where did ^YOU2 try to get this home care service?**

INTERVIEWER: Mark all that apply.

- 1 A government sponsored program
  - 2 A private agency
  - 3 A family member, friend or neighbour
  - 4 A volunteer organization
  - 5 Other
- DK, R

HMC\_END

## PATIENT SATISFACTION (PAS)

January 27, 2004

PAS\_BEG

PAS\_C11B If (do block = 1), go to PAS\_R1  
Otherwise, go to PAS\_END.

PAS\_C11C If proxy interview or if age < 15, go to PAS\_END.  
Otherwise, go to PAS\_R1.

PAS\_R1 **Earlier, I asked about your use of health care services in the past 12 months. Now I'd like to get your opinion on the quality of the care you received.**  
INTERVIEWER: Press <Enter> to continue.

PAS\_C11D If HCU\_Q01BA = 1 (overnight patient) or at least one of HCU\_Q02A to HCU\_Q02J > 0 (saw or talked on telephone to health professional), go to PAS\_Q12.  
Otherwise, go to PAS\_Q11.

PAS\_Q11 **In the past 12 months, have you received any health care services?**

- 1 Yes
- 2 No (Go to PAS\_Q51)
- DK, R (Go to PAS\_Q51)

PAS\_Q12 **Overall, how would you rate the quality of the health care you received? Would you say it was:**  
INTERVIEWER: Read categories to respondent.

- 1 ... **excellent?**
- 2 ... **good?**
- 3 ... **fair?**
- 4 ... **poor?**
- DK, R

PAS\_Q13 **Overall, how satisfied were you with the way health care services were provided? Were you:**

INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
  - 2 ... somewhat satisfied?
  - 3 ... neither satisfied nor dissatisfied?
  - 4 ... somewhat dissatisfied?
  - 5 ... very dissatisfied?
- DK, R

PAS\_Q21A **In the past 12 months, have you received any health care services at a hospital, for any diagnostic or day surgery service, overnight stay, or as an emergency room patient?**

- 1 Yes
  - 2 No (Go to PAS\_Q31A)
- DK, R (Go to PAS\_Q31A)

PAS\_Q21B **Thinking of your most recent hospital visit, were you:**

INTERVIEWER: Read categories to respondent.

- 1 ... admitted overnight or longer (an inpatient)?
  - 2 ... a patient at a diagnostic or day surgery clinic (an outpatient)?
  - 2 ... an emergency room patient?
- DK, R (Go to PAS\_Q31A)

PAS\_Q22 **(Thinking of this most recent hospital visit:)**

**... how would you rate the quality of the care you received? Would you say it was:**

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
  - 2 ... good?
  - 3 ... fair?
  - 4 ... poor?
- DK, R

PAS\_Q23 **(Thinking of this most recent hospital visit:)**

**... how satisfied were you with the way hospital services were provided? Were you:**

INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
  - 2 ... somewhat satisfied?
  - 3 ... neither satisfied nor dissatisfied?
  - 4 ... somewhat dissatisfied?
  - 5 ... very dissatisfied?
- DK, R

PAS\_Q31A **In the past 12 months, not counting hospital visits, have you received any health care services from a family doctor or other physician?**

- 1 Yes
- 2 No (Go to PAS\_R2)
- DK, R (Go to PAS\_R2)

PAS\_Q31B **Thinking of the most recent time, was care provided by:**  
INTERVIEWER: Read categories to respondent.

- 1 ... a family doctor (general practitioner)?
- 2 ... a medical specialist?
- DK, R (Go to PAS\_R2)

PAS\_Q32 **(Thinking of this most recent care from a physician:)**

**... how would you rate the quality of the care you received? Would you say it was:**

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
- 2 ... good?
- 3 ... fair?
- 4 ... poor?
- DK, R

PAS\_Q33 **(Thinking of this most recent care from a physician:)**

**... how satisfied were you with the way physician care was provided? Were you:**

INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
- 2 ... somewhat satisfied?
- 3 ... neither satisfied nor dissatisfied?
- 4 ... somewhat dissatisfied?
- 5 ... very dissatisfied?
- DK, R

PAS\_R2 **The next questions are about community-based health care which includes any health care received outside of a hospital or doctor's office.**

**Examples are: home nursing care, home-based counselling or therapy, personal care and community walk-in clinics.**

INTERVIEWER: Press <Enter> to continue.

PAS\_Q41 **In the past 12 months, have you received any community-based care?**

- 1 Yes
- 2 No (Go to PAS\_Q51)
- DK, R (Go to PAS\_Q51)

PAS\_Q42 **Overall, how would you rate the quality of the community-based care you received? Would you say it was:**  
INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
  - 2 ... good?
  - 3 ... fair?
  - 4 ... poor?
- DK, R

PAS\_Q43 **Overall, how satisfied were you with the way community-based care was provided? Were you:**  
INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
  - 2 ... somewhat satisfied?
  - 3 ... neither satisfied nor dissatisfied?
  - 4 ... somewhat dissatisfied?
  - 5 ... very dissatisfied?
- DK, R

PAS\_Q51 **In the past 12 months, have you used a telephone health line or telehealth service?**

- 1 Yes
  - 2 No (Go to PAS\_END)
- DK, R (Go to PAS\_END)

PAS\_Q52 **Overall, how would you rate the quality of the service you received? Would you say it was:**  
INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
  - 2 ... good?
  - 3 ... fair?
  - 4 ... poor?
- DK, R

PAS\_END



## RESTRICTION OF ACTIVITIES (RAC)

RAC\_C1            If (do RAC block = 2), go to RAC\_END.  
RACnFDO        Otherwise, go to RAC\_QINT.

RAC\_QINT        **The next few questions deal with any current limitations in [your/FNAME's] daily activities caused by a long-term health condition or problem. In these questions, a "long-term condition" refers to a condition that is expected to last or has already lasted 6 months or more.**  
INTERVIEWER: Press <Enter> to continue.

RAC\_Q1            **[Do/Does] [you/he/she] have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?**  
RACn\_1        INTERVIEWER: Read categories to respondent.

- 1        **Sometimes**
- 2        **Often**
- 3        **Never**
- DK
- R                    (Go to RAC\_END)

RAC\_Q2A        **Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity [you/he/she] can do:**  
RACn\_2A

**... at home?**

INTERVIEWER: Read categories to respondent.

- 1        **Sometimes**
- 2        **Often**
- 3        **Never**
- DK
- R                    (Go to RAC\_END)

RAC\_Q2B\_1      **(Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity [you/he/she] can do:)**  
RACn\_2B

**... at school?**

- 1        Sometimes
- 2        Often
- 3        Never
- 4        Not applicable
- DK
- R                    (Go to RAC\_END)

RAC\_Q2B\_2 (Does a long-term physical condition or mental condition or health problem,  
RACn\_2B2 reduce the amount or the kind of activity [you/he/she] can do:)

... at work?

- 1 Sometimes
  - 2 Often
  - 3 Never
  - 4 Not applicable
- DK  
R (Go to RAC\_END)

RAC\_Q2C (Does a long-term physical condition or mental condition or health problem,  
RACn\_2C reduce the amount or the kind of activity [you/he/she] can do:)

... in other activities, for example, transportation or leisure?

- 1 Sometimes
  - 2 Often
  - 3 Never
- DK  
R (Go to RAC\_END)

RAC\_C5 If respondent has difficulty or is limited in activities (if RAC\_Q1 = 1 or 2 or RAC\_Q2(A)-(C) = 1 or 2), go to RAC\_Q5. Otherwise, go to RAC\_Q6A.

RAC\_Q5 **Which one of the following is the best description of the cause of this condition?**  
RACn\_5

INTERVIEWER: Read categories to respondent.

- 1 **Accident at home**
  - 2 **Motor vehicle accident**
  - 3 **Accident at work**
  - 4 **Other type of accident**
  - 5 **Existed from birth or genetic**
  - 6 **Work conditions**
  - 7 **Disease or illness**
  - 8 **Ageing**
  - 9 **Emotional or mental health problem or condition**
  - 10 **Use of alcohol or drugs**
  - 11 Other - Specify
- DK, R

RAC\_C5S If RAC\_Q5 <> 11, go to RAC\_Q5B\_1. Otherwise, go to RAC\_Q5S.

RAC\_Q5S INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

RAC\_Q5B\_1 **Because of [your/his/her] condition or health problem, [have/has]**  
RACn\_5B1 **[you/he/she] ever experienced discrimination or unfair treatment?**

- 1 Yes
- 2 No (Go to RAC\_Q6A)
- DK, R (Go to RAC\_Q6A)

RAC\_Q5B\_2 **In the past 12 months, how much discrimination or unfair treatment did**  
RACn\_5B2 **[you/he/she] experience?**

- 1 A lot
- 2 Some
- 3 A little
- 4 None at all
- DK, R

RAC\_Q6A **The next few questions may not apply to [you/FNAME], but we need to ask**  
RACn\_6A **the same questions of everyone.**

**Because of any physical condition or mental condition or health problem,**  
**[do/does] [you/he/she] need the help of another person:**

**... with preparing meals?**

- 1 Yes
- 2 No
- DK, R

RAC\_Q6B\_1 **(Because of any physical condition or mental condition or health problem,**  
RACn\_6B1 **[do/does] [you/he/she] need the help of another person:)**

**... with getting to appointments and running errands such as shopping for**  
**groceries?**

- 1 Yes
- 2 No
- DK, R

RAC\_Q6C **(Because of any physical condition or mental condition or health problem,**  
RACn\_6C **[do/does] [you/he/she] need the help of another person:)**

**... with doing everyday housework?**

- 1 Yes
- 2 No
- DK, R

RAC\_Q6D **(Because of any physical condition or mental condition or health problem,**  
RACn\_6D **[do/does] [you/he/she] need the help of another person:)**

**... with doing heavy household chores such as spring cleaning or yard work?**

- 1 Yes
- 2 No
- DK, R

RAC\_Q6E  
RACn\_6E

**(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:)**

**... with personal care such as washing, dressing, eating or taking medication?**

- 1 Yes
- 2 No  
DK, R

RAC\_Q6F  
RACn\_6F

**(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:)**

**... with moving about inside the house?**

- 1 Yes
- 2 No  
DK, R

RAC\_Q6G  
RACn\_6G

**(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:)**

**... with looking after [your/his/her] personal finances such as making bank transactions or paying bills?**

- 1 Yes
- 2 No  
DK, R

RAC\_Q7A  
RACn\_7A

**Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] have difficulty:**

**... making new friends or maintaining friendships?**

- 1 Yes
- 2 No  
DK, R

RAC\_Q7B  
RACn\_7B

**(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] have difficulty:)**

**... dealing with people [you/he/she] [don't/doesn't] know well?**

- 1 Yes
- 2 No  
DK, R

RAC\_Q7C  
RACn\_7C

**(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] have difficulty:)**

**... starting and maintaining a conversation?**

- 1 Yes
- 2 No  
DK, R

RAC\_C8            If any of RAC\_Q6A to RAC\_Q6G or RAC\_Q7A to RAC\_Q7C = 1, go to RAC\_Q8.  
Otherwise, go to RAC\_END.

RAC\_Q8            **Are these difficulties due to [your/his/her] physical health, to [your/his/her]  
emotional or mental health, to [your/his/her] use of alcohol or drugs, or to  
another reason?**  
INTERVIEWER: Mark all that apply.

- |         |   |                                   |
|---------|---|-----------------------------------|
| RACn_8A | 1 | Physical health                   |
| RACn_8B | 2 | Emotional or mental health        |
| RACn_8C | 3 | Use of alcohol or drugs           |
| RACn_8D | 4 | Another reason – Specify<br>DK, R |

RAC\_C8S            If RAC\_Q8 <> 4, go to RAC\_END.  
Otherwise, go to RAC\_Q8S.

RAC\_Q8S            INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

RAC\_END

## TWO-WEEK DISABILITY (TWD)

TWD\_C1 If (do TWD block = 2), go to TWD\_END.  
 TWDnFDO Otherwise, go to TWD\_QINT.

TWD\_QINT **The next few questions ask about [your/FNAME's] health during the past 14 days. It is important for you to refer to the 14-day period from [date two weeks ago] to [date yesterday].**  
INTERVIEWER: Press <Enter> to continue.

TWD\_Q1 **During that period, did [you/FNAME] stay in bed at all because of illness or injury, including any nights spent as a patient in a hospital?**  
 TWDn\_1

- 1 Yes
- 2 No (Go to TWD\_Q3)
- DK, R (Go to TWD\_END)

TWD\_Q2 **How many days did [you/he/she] stay in bed for all or most of the day?**  
 TWDn\_2 INTERVIEWER: Enter 0 if less than a day.

|\_| Days  
 (MIN: 0) (MAX: 14)

DK, R (Go to TWD\_END)

TWD\_C2A If TWD\_Q2 > 1, go to TWD\_Q2B.

TWD\_Q2A **Was that due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?**  
 TWDn\_2A

- 1 Yes
- 2 No
- DK, R

Go to TWD\_C3

Note: TWD\_Q2B set to number of days in TWD\_Q2 if TWD\_Q2A = 1 in processing.

TWD\_Q2B **How many of these [TWD\_Q2] days were due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?**  
 TWDn\_2B

|\_| Days  
 (MIN: 0) (MAX: days in TWD\_Q2)

DK, R

TWD\_C3 If TWD\_Q2 = 14 days, go to TWD\_END.

TWD\_C3A If TWD\_Q3 = 2, use "During those 14 days, were..." in TWD\_Q3.  
 Otherwise, use "Not counting days spent in ..." in TWD\_Q3.

TWD\_Q3  
TWDn\_3 **[Not counting days spent in bed] During those 14 days, were there any days that [you/FNAME] cut down on things [you/he/she] normally [do/does] because of illness or injury?**

- 1 Yes
- 2 No (Go to TWD\_Q5)
- DK, R (Go to TWD\_Q5)

TWD\_Q4  
TWDn\_4 **How many days did [you/FNAME] cut down on things for all or most of the day?**

INTERVIEWER: Enter 0 if less than a day. Maximum is [14 - TWD\_Q2].

[\_|\_] Days  
(MIN: 0) (MAX: 14 - days in TWD\_Q2)

DK, R (Go to TWD\_Q5)

TWD\_C4A If TWD\_Q4 > 1, go to TWD\_Q4B.

TWD\_Q4A  
TWDn\_4A **Was that due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?**

- 1 Yes
- 2 No
- DK, R

Go to TWD\_Q5

Note: TWD\_Q4B set to number of days in TWD\_Q2 if TWD\_Q4A = 1 in processing.

TWD\_Q4B  
TWDn\_4B **How many of these [TWD\_Q4] days were due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?**

INTERVIEWER: Minimum is 0; maximum is [TWD\_Q4].

[\_|\_] Days  
(MIN: 0) (MAX: days in TWD\_Q4)

DK, R

TWD\_Q5  
TWDn\_5A **[Not counting days spent in bed] During those 14 days, were there any days when it took extra effort to perform up to [your/his/her] usual level at work or at [your/his/her] other daily activities, because of illness or injury?**

- 1 Yes
- 2 No (Go to TWD\_END)
- DK, R (Go to TWD\_END)

TWD\_Q6  
TWDn\_6 **How many days required extra effort?**  
INTERVIEWER: Enter 0 if less than a day. Maximum is [14 - TWD\_Q2].

[\_|\_] Days  
(MIN: 0) (MAX: 14 - days in TWD\_Q2)

DK, R (Go to TWD\_END)

TWD\_C6A If TWD\_Q6 > 1, go to TWD\_Q6B.

TWD\_Q6A **Was that due to [your/his/her] emotional or mental health or [your/his/her]**  
TWDn\_6A **use of alcohol or drugs?**

- 1 Yes
- 2 No  
DK, R

Go to TWD\_END

Note: TWD\_Q6B set to number of days in TWD\_Q2 if TWD\_Q6A = 1 in processing.

TWD\_Q6B **How many of these [TWD\_Q6] days were due to [your/his/her] emotional or**  
TWDn\_6B **mental health or [your/his/her] use of alcohol or drugs?**  
INTERVIEWER: Minimum is 0; maximum is [TWD\_Q6].

[\_|\_] Days  
(MIN: 0) (MAX: days in TWD\_Q6)

DK, R

TWD\_END



## INSURANCE COVERAGE (INS)

March 3, 2004

INS\_BEG

INS\_C1A If (do INS block = 1), go to INS\_QINT.  
Otherwise, go to INS\_END.

INS\_QINT **Now, turning to [your/FNAME's] insurance coverage. Please include any private, government or employer-paid plans.**  
INTERVIEWER: Press <Enter> to continue.

INS\_Q1 **[Do/Does] [you/FNAME] have insurance that covers all or part of:  
... the cost of [your/his/her] prescription medications?**

- 1 Yes
- 2 No (Go to INS\_Q2)
- DK (Go to INS\_Q2)
- R (Go to INS\_END)

INS\_Q1A **Is it:**  
INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 ... a government-sponsored plan?
- 2 ... an employer-sponsored plan?
- 3 ... a private plan?
- DK, R

INS\_Q2 **([Do/Does] [you/FNAME] have insurance that covers all or part of:  
... [your/his/her] dental expenses?**

- 1 Yes
- 2 No (Go to INS\_Q3)
- DK, R (Go to INS\_Q3)

INS\_Q2A **Is it:**  
INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 ... a government-sponsored plan?
- 2 ... an employer-sponsored plan?
- 3 ... a private plan?
- DK, R

INS\_Q3 **([Do/Does] [you/FNAME] have insurance that covers all or part of:  
... the costs of eye glasses or contact lenses?**

- 1 Yes
- 2 No (Go to INS\_Q4)
- DK, R (Go to INS\_Q4)

INS\_Q3A

**Is it:**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 ... a government-sponsored plan?
  - 2 ... an employer-sponsored plan?
  - 3 ... a private plan?
- DK, R

INS\_Q4

**([Do/Does] [you/FNAME] have insurance that covers all or part of:)**

**... hospital charges for a private or semi-private room?**

- 1 Yes
- 2 No (Go to INS\_END)
- DK, R (Go to INS\_END)

INS\_Q4A

**Is it:**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 ... a government-sponsored plan?
  - 2 ... an employer-sponsored plan?
  - 3 ... a private plan?
- DK, R

INS\_END

## FLU SHOTS (FLU)

FLU\_C1 If (do FLU block = 2), then go to FLU\_END.  
 FLUnFDO Otherwise, go to FLU\_C160.

FLU\_C160 If proxy interview, go to FLU\_END.  
 Otherwise, go to FLU\_Q160.

FLU\_Q160 **Now a few questions about your use of various health care services.**  
 FLUn\_160

### Have you ever had a flu shot?

- 1 Yes
- 2 No (Go to FLU\_C166)
- DK, R (Go to FLU\_END)

FLU\_Q162 **When did you have your last flu shot?**  
 FLUn\_162 INTERVIEWER: Read categories to respondent.

- 1 **Less than 1 year ago** (Go to FLU\_END)
- 2 **1 year to less than 2 years ago**
- 3 **2 years ago or more**
- DK, R (Go to FLU\_END)

FLU\_C166 If age < 50, go to FLU\_END.

FLU\_Q166 **What are the reasons that you have not had a flu shot in the past year?**  
INTERVIEWER: Mark all that apply.

- FLUn\_66A 1 Have not gotten around to it
- FLUn\_66B 2 Respondent - did not think it was necessary
- FLUn\_66C 3 Doctor - did not think it was necessary
- FLUn\_66D 4 Personal or family responsibilities
- FLUn\_66E 5 Not available - at time required
- FLUn\_66F 6 Not available - at all in the area
- FLUn\_66G 7 Waiting time was too long
- FLUn\_66H 8 Transportation - problems
- FLUn\_66I 9 Language - problem
- FLUn\_66J 10 Cost
- FLUn\_66K 11 Did not know where to go / uninformed
- FLUn\_66L 12 Fear (e.g., painful, embarrassing, find something wrong)
- FLUn\_66M 13 Bad reaction to previous shot
- FLUn\_66O 14 Unable to leave the house because of a health problem
- FLUn\_66N 15 Other - Specify
- DK, R

FLU\_C166S If FLU\_Q166 <> 15, go to FLU\_END.  
Otherwise, go to FLU\_Q166S.

FLU\_Q166S INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

FLU\_END

FOR INFORMATION ONLY

## BLOOD PRESSURE CHECK (BPC)

BPC\_C010 If (do BPC block = 2) or proxy interview, go to BPC\_END.  
BPCnFDO Otherwise, go to BPC\_Q010.

BPC\_Q010 **(Now blood pressure)**  
BPCn\_010 **Have you ever had your blood pressure taken?**

- 1 Yes
- 2 No (Go to BPC\_C016)
- DK, R (Go to BPC\_END)

BPC\_Q012 **When was the last time?**  
BPCn\_012 INTERVIEWER: Read categories to respondent.

- 1 **Less than 6 months ago** (Go to BPC\_END)
- 2 **6 months to less than 1 year ago** (Go to BPC\_END)
- 3 **1 year to less than 2 years ago** (Go to BPC\_END)
- 4 **2 years to less than 5 years ago**
- 5 **5 or more years ago**  
DK, R (Go to BPC\_END)

BPC\_C016 If age < 25, go to BPC\_END.  
Otherwise, go to BPC\_Q016.

BPC\_Q016 **What are the reasons that you have not had your blood pressure taken in the past 2 years?**  
INTERVIEWER: Mark all that apply.

- BPCn\_16A 1 Have not gotten around to it
- BPCn\_16B 2 Respondent - did not think it was necessary
- BPCn\_16C 3 Doctor - did not think it was necessary
- BPCn\_16D 4 Personal or family responsibilities
- BPCn\_16E 5 Not available - at time required
- BPCn\_16F 6 Not available - at all in the area
- BPCn\_16G 7 Waiting time was too long
- BPCn\_16H 8 Transportation - problems
- BPCn\_16I 9 Language - problem
- BPCn\_16J 10 Cost
- BPCn\_16K 11 Did not know where to go / uninformed
- BPCn\_16L 12 Fear (e.g., painful, embarrassing, find something wrong)
- BPCn\_16N 12 Unable to leave the house because of a health problem
- BPCn\_16M 13 Other - Specify  
DK, R

BPC\_C016S If BPC\_Q016 <> 14, go to BPC\_END.  
Otherwise, go to BPC\_Q016S.

BPC\_Q016S INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

BPC\_END

PAP SMEAR TEST (PAP)

PAP\_C1 If (do PAP block = 2), go to PAP\_END.  
 PAPnFDO Otherwise, go to PAP\_C020.

PAP\_C020 If proxy interview or male or age < 18, go to PAP\_END.  
 Otherwise, go to PAP\_Q020.

PAP\_Q020 **(Now PAP tests)**

PAPn\_020 **Have you ever had a PAP smear test?**

- 1 Yes
- 2 No (Go to PAP\_Q026)
- DK, R (Go to PAP\_END)

PAP\_Q022 **When was the last time?**

PAPn\_022 INTERVIEWER: Read categories to respondent.

- 1 **Less than 6 months ago** (Go to PAP\_END)
- 2 **6 months to less than 1 year ago** (Go to PAP\_END)
- 3 **1 year to less than 3 years ago** (Go to PAP\_END)
- 4 **3 years to less than 5 years ago**
- 5 **5 or more years ago**
- DK, R (Go to PAP\_END)

PAP\_Q026 **What are the reasons that you have not had a PAP smear test in the past 3 years?**

INTERVIEWER: Mark all that apply.

- PAPn\_26A 1 Have not gotten around to it
- PAPn\_26B 2 Respondent - did not think it was necessary
- PAPn\_26C 3 Doctor - did not think it was necessary
- PAPn\_26D 4 Personal or family responsibilities
- PAPn\_26E 5 Not available - at time required
- PAPn\_26F 6 Not available - at all in the area
- PAPn\_26G 7 Waiting time was too long
- PAPn\_26H 8 Transportation - problems
- PAPn\_26I 9 Language - problem
- PAPn\_26J 10 Cost
- PAPn\_26K 11 Did not know where to go / uninformed
- PAPn\_26L 12 Fear (e.g., painful, embarrassing, find something wrong)
- PAPn\_26M 13 Have had a hysterectomy
- PAPn\_26N 14 Hate / dislike having one done
- PAPn\_26P 15 Unable to leave the house because of a health problem
- PAPn\_26Q 16 Other - Specify
- DK, R

PAP\_C026S If PAP\_Q026 <> 16, go to PAP\_END.  
Otherwise, go to PAP\_Q026S.

PAP\_Q026S INTERVIEWER: Specify.

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(80 spaces)  
DK, R

PAP\_END

FOR INFORMATION ONLY

## MAMMOGRAPHY (MAM)

January 14, 2004

MAM\_BEG

MAM\_C1 If (do MAM block = 1), go to MAM\_C030.  
Otherwise, go to MAM\_END.

MAM\_C030 If proxy interview or male, go to MAM\_END.  
Otherwise, go to MAM\_C030A.

MAM\_C030A If (female and age < 35), go to MAM\_C037.  
Otherwise, go to MAM\_Q030.

MAM\_Q030 **(Now Mammography)**  
**Have you ever had a mammogram, that is, a breast x-ray?**

- 1 Yes
- 2 No (Go to MAM\_C036)
- DK, R (Go to MAM\_END)

MAM\_Q031 **Why did you have it?**  
**INTERVIEWER:** Mark all that apply.  
If respondent says “doctor recommended it”, probe for reason.

- 1 Family history of breast cancer
- 2 Part of regular check-up / routine screening
- 3 Age
- 4 Previously detected lump
- 5 Follow-up of breast cancer treatment
- 6 On hormone replacement therapy
- 7 Breast problem
- 8 Other - Specify
- DK, R

MAM\_C031S If MAM\_Q031 <> 8, go to MAM\_Q032.  
Otherwise, go to MAM\_Q031S.

MAM\_Q031S **INTERVIEWER:** Specify.

---

(80 spaces)  
DK, R



- MAM\_Q032 **When was the last time?**  
INTERVIEWER: Read categories to respondent.
- 1 **Less than 6 months ago** (Go to MAM\_C037)
  - 2 **6 months to less than 1 year ago** (Go to MAM\_C037)
  - 3 **1 year to less than 2 years ago**(Go to MAM\_C037)
  - 4 **2 years to less than 5 years ago**
  
  - 5 **5 or more years ago**  
DK, R (Go to MAM\_C037)

MAM\_C036 If age < 50 or age > 74, go to MAM\_C037.  
Otherwise, go to MAM\_Q036.

- MAM\_Q036 **What are the reasons you have not had one in the past 2 years?**  
INTERVIEWER: Mark all that apply.

- 1 Have not gotten around to it
- 2 Respondent - did not think it was necessary
- 3 Doctor - did not think it was necessary
- 4 Personal or family responsibilities
- 5 Not available - at time required
- 6 Not available - at all in the area
- 7 Waiting time was too long
- 8 Transportation - problems
- 9 Language - problem
- 10 Cost
- 11 Did not know where to go / uninformed
- 12 Fear (e.g., painful, embarrassing, find something wrong)
- 13 Unable to leave the house because of a health problem
- 14 Breasts removed / Mastectomy
- 15 Other - Specify  
DK, R

MAM\_C036S If MAM\_Q036 <> 15, go to MAM\_C037.  
Otherwise, go to MAM\_Q036S.

MAM\_Q036S INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

MAM\_C037 If (age < 15 or age > 49), go to MAM\_C038.  
Otherwise, go to MAM\_Q037.

MAM\_Q037 **It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?**

- 1 Yes (Go to MAM\_END)  
(MAM\_Q038 will be filled with “No” during head office processing)
- 2 No  
DK, R

MAM\_C038 If age < 18, go to MAM\_END.  
Otherwise, go to MAM\_Q038.

MAM\_Q038 **Have you had a hysterectomy? (in other words, has your uterus been removed)?**

- 1 Yes
- 2 No  
DK, R

MAM\_END

## BREAST EXAMINATIONS (BRX)

January 14, 2004

BRX\_BEG

BRX\_C1  
BRXnFDO If (do BRX block = 1), go to BRX\_C110.  
Otherwise, go to BRX\_END.

BRX\_C110 If proxy interview or sex = male or age < 18, go to BRX\_END.  
Otherwise, go to BRX\_Q110.

BRX\_Q110 **(Now breast examinations)**  
BRXn\_110 **Other than a mammogram, have you ever had your breasts examined for lumps (tumours, cysts) by a doctor or other health professional?**

- 1 Yes
- 2 No (Go to BRX\_Q116)
- DK, R (Go to BRX\_END)

BRX\_Q112 **When was the last time?**  
BRXn\_112 **INTERVIEWER:** Read categories to respondent.

- 1 Less than 6 months ago (Go to BRX\_END)
- 2 6 months to less than 1 year ago (Go to BRX\_END)
- 3 1 year to less than 2 years ago (Go to BRX\_END)
- 4 2 years to less than 5 years ago
- 5 5 or more years ago
- DK, R (Go to BRX\_END)

BRX\_Q116 **What are the reasons that you have not had a breast exam in the past 2 years?**

**INTERVIEWER:** Mark all that apply.

- BRXn\_16A 1 Have not gotten around to it
- BRXn\_16B 2 Respondent - did not think it was necessary
- BRXn\_16C 3 Doctor - did not think it was necessary
- BRXn\_16D 4 Personal or family responsibilities
- BRXn\_16E 5 Not available - at time required
- BRXn\_16F 6 Not available - at all in the area
- BRXn\_16G 7 Waiting time was too long
- BRXn\_16H 8 Transportation - problems
- BRXn\_16I 9 Language - problem
- BRXn\_16J 10 Cost
- BRXn\_16K 11 Did not know where to go / uninformed
- BRXn\_16L 12 Fear (e.g., painful, embarrassing, find something wrong)
- BRXn\_16N 13 Unable to leave the house because of a health problem
- BRXn\_16O 14 Breasts removed / mastectomy
- BRXn\_16M 15 Other - Specify
- DK, R

BRX\_C116S If BRX\_Q116 = 15, go to BRX\_Q116S.  
Otherwise, go to BRX\_END.

BRX\_Q116S INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

BRX\_END

FOR INFORMATION ONLY

## BREAST SELF EXAMINATIONS (BSX)

January 14, 2004

BSX\_BEG

BSX\_C120A If (do BSX block = 1) , go to BSX\_C120B;  
Otherwise, go to BSX\_C120B.

BSX\_C120B If proxy interview, go to BSX\_END.  
Otherwise, go to BSX\_C120C.

BSX\_C120C If male or age < 18, go to BSX\_END.  
Otherwise, go to BSX\_END.

BSX\_Q120 **(Now breast self examinations)**  
**Have you ever examined your breasts for lumps (tumours, cysts)?**

- 1 Yes
- 2 No (Go to BSX\_END)
- DK, R (Go to BSX\_END)

BSX\_Q121 **How often?**  
INTERVIEWER: Read categories to respondent.

- 1 **At least once a month**
- 2 **Once every 2 to 3 months**
- 3 **Less often than every 2 to 3 months**
- DK, R

BSX\_Q122 **How did you learn to do this?**  
INTERVIEWER: Mark all that apply.

- 1 Doctor
- 2 Nurse
- 3 Book / magazine / pamphlet
- 4 TV / video / film
- 5 Family member (e.g., mother, sister, cousin)
- 6 Other - Specify
- DK, R

BSX\_C122S If BSX\_Q122 = 6, go to BSX\_Q122S.  
Otherwise, go to BSX\_END.

BSX\_Q122S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

BSX\_END

## HORMONE REPLACEMENT THERAPY (HRT)

March 29, 2004

HRT\_BEG

HRT\_C01A If (do HRT block = 1), go to HRT\_C01B.  
Otherwise, go to HRT\_END.

HRT\_C01B If proxy interview, go to HRT\_END.  
Otherwise, go to HRT\_C01C.

HRT\_C01C If (female and age > 30), go to HRT\_R01.  
Otherwise, go to HRT\_END.

HRT\_R01 **Now some additional questions on women's health and the use of hormone medication.**

INTERVIEWER: Press <Enter> to continue.

HRT\_Q01 **In the past 12 months, have you experienced any symptoms of menopause or ageing. These symptoms may include hot flashes, night sweats, or an irregularity or the stopping of your periods?**

- 1 Yes
- 2 No
- DK
- R (Go to HRT\_END)

HRT\_Q02 **In the past 12 months, did you take any form of Hormone Replacement Therapy for menopause symptoms or for conditions due to ageing?**

- 1 Yes
- 2 No (Go to HRT\_Q07)
- DK, R (Go to HRT\_END)

HRT\_Q03 **Are you currently taking hormones?**

- 1 Yes
- 2 No
- DK, R

Note: If HRT\_Q03 = 1, then DoDid = “do”.  
Otherwise, DoDid = “did”.

HRT\_Q04 **What type of hormones ^DoDid you take?**  
INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 **Estrogen only (e.g., Premarin, Estrace, Vivelle)**
- 2 **Progestin or progesterone only (e.g., Provera, Prometrium)**
- 3 **Both estrogen and progestin (e.g., Premplus, FemHRT, Estalis)**
- 4 Other - Specify  
DK, R

HRT\_C04S If HRT\_Q04 = 4, go to HRT\_Q04S.  
Otherwise, go to HRT\_Q05.

HRT\_Q04S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

Note: MinYear = YearOfBirth+30; CurrentYear = YEAR(SYSDATE)

HRT\_Q05 **When did you start this hormone therapy?**  
INTERVIEWER: Enter the year (minimum is ^MinYear; maximum is ^CurrentYear).

\_|\_|\_|\_| Year  
(MIN: 1905) (MAX: 2005)  
DK, R

HRT\_E05 **Year must be between ^MinYear and ^CurrentYear. Please return and correct.**

Note: Trigger hard edit if HRT\_Q05 < MinYear or HRT\_Q05 > CurrentYear.

Note: If HRT\_Q03 = 1, then Take = “take”.  
Otherwise, Take = “took”.

HRT\_Q06 **What are the reasons that you ^Take these hormones?**  
INTERVIEWER: Mark all that apply.

- 1 To treat - Menopausal symptoms (e.g., hot flashes, night sweats)
- 2 To treat - Gynecological problems (e.g., irregular bleeding)
- 3 To treat or prevent - Osteoporosis
- 4 To prevent - Heart disease
- 5 To treat - Reproductive problems
- 6 To help with - Fatigue, mood or memory loss
- 7 Other - Specify  
DK, R

HRT\_C06S If HRT\_Q06 = 7, go to HRT\_Q06S.  
Otherwise, go to HRT\_C07.

HRT\_Q06S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

HRT\_C07 If HRT\_Q03 = 1, go to C10.  
Otherwise, go to HRT\_Q09.

HRT\_Q07 **Have you ever taken any form of Hormone Replacement Therapy for menopause symptoms or for conditions due to ageing?**

- 1 Yes
- 2 No (Go to HRT\_C10)
- DK, R (Go to HRT\_C10)

HRT\_Q08 **What are the reasons that you took these hormones?**  
INTERVIEWER: Mark all that apply.

- 1 To treat - Menopausal symptoms (e.g., hot flashes, night sweats)
- 2 To treat - Gynaecological problems (e.g., irregular bleeding)
- 3 To treat or prevent - Osteoporosis
- 4 To prevent - Heart disease
- 5 To treat - Reproductive problems
- 6 To help with - Fatigue, mood or memory loss
- 7 Other - Specify  
DK, R

HRT\_C08S If HRT\_Q08 = 7, go to HRT\_Q08S.  
Otherwise, go to HRT\_Q09.

HRT\_Q08S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

HRT\_Q09 **What are the reasons that you stopped taking hormones?**  
INTERVIEWER: Mark all that apply.

- 1 Worried / read about possible health risks
- 2 Doctor recommended
- 3 Menopausal symptoms improved
- 4 Learned about alternative health products
- 5 Diagnosed with health problem / condition
- 6 Adverse reaction to medication
- 7 Other - Specify  
DK, R



HRT\_C09S If HRT\_Q09 = 7, go to HRT\_Q09S.  
Otherwise, go to HRT\_C10.

HRT\_Q09S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

HRT\_C10 If HRT\_Q01 = 1 or HRT\_Q02 = 1, go to HRT\_Q10.  
Otherwise, go to HRT\_END.

HRT\_Q10 **Some women use health products such as herbs, minerals or homeopathic supplements to relieve symptoms of menopause or conditions of ageing.**

**In the past 12 months, have you used any of these health products to relieve your symptoms?**

- 1 Yes
- 2 No (Go to HRT\_Q12)
- DK, R (Go to HRT\_Q12)

HRT\_Q11 **What have you used?**  
INTERVIEWER: Mark all that apply.

- 1 Vitamins or other dietary supplements (e.g., Melatonin, Calcium)
- 2 Herbs (e.g., Black Cohosh, Oil of Evening Primrose)
- 3 Herbal teas
- 4 Other – Specify
- DK, R

HRT\_C11S If HRT\_Q11 = 4, go to HRT\_Q11S.  
Otherwise, go to HRT\_END.

HRT\_Q11S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

HRT\_Q12 **Other than taking hormones or health products, in the past 12 months, did you do anything else to relieve your symptoms?**

- 1 Yes
- 2 No (Go to HRT\_END)
- DK, R (Go to HRT\_END)

HRT\_Q13

**What did you do?**

INTERVIEWER: Mark all that apply.

- 1 Ate more foods rich in soy, flax or calcium
- 2 Ate more legumes (i.e., beans, peas)
- 3 Avoided certain foods or activities (e.g., spicy foods, alcohol, hot tubs)
- 4 Increased exercise
- 5 Did relaxation exercises (e.g., yoga, Tai Chi)
- 6 Received massage therapy treatments
- 7 Other - Specify  
DK, R

HRT\_C13S

If HRT\_Q13 = 7, go to HRT\_Q13S.  
Otherwise, go to HRT\_END.

HRT\_Q13S

INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

HRT\_END

## EYE EXAMINATIONS (EYX)

EYX\_C140A If (EYX block = 2) or proxy interview, go to EYX\_END.  
EYXnFDO Otherwise, go to EYX\_C140B.

EYX\_C140C If HCU\_Q02B = 0, DK or R (Has not seen or talked to an eye doctor in past 12 months), go to EYX\_Q142.  
Otherwise, go to EYX\_Q140.

EYX\_Q140 **(Now eye examinations)**  
EYXn\_140 **It was reported earlier that you have “seen” or “talked to” an optometrist or ophthalmologist in the past 12 months. Did you actually visit one?**

- 1 Yes (Go to EYX\_END) (EYX\_Q142 = 1 will be filled during processing)
- 2 No  
DK, R (Go to EYX\_END)

EYX\_Q142 **When did you last have an eye examination?**  
EYXn\_142 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than 1 year ago** (Go to EYX\_END)
- 2 **1 year to less than 2 years ago** (Go to EYX\_END)
- 3 **2 years to less than 3 years ago**
- 4 **3 or more years ago**
- 5 Never  
DK, R (Go to EYX\_END)

EYX\_Q146 **What are the reasons that you have not had an eye examination in the past 2 years?**  
**INTERVIEWER:** Mark all that apply.

- EYXn\_46A 1 Have not gotten around to it
- EYXn\_46B 2 Respondent - did not think it was necessary
- EYXn\_46C 3 Doctor - did not think it was necessary
- EYXn\_46D 4 Personal or family responsibilities
- EYXn\_46E 5 Not available - at time required
- EYXn\_46F 6 Not available - at all in the area
- EYXn\_46G 7 Waiting time was too long
- EYXn\_46H 8 Transportation - problems
- EYXn\_46I 9 Language - problem
- EYXn\_46J 10 Cost
- EYXn\_46K 11 Did not know where to go / uninformed
- EYXn\_46L 12 Fear (e.g., painful, embarrassing, find something wrong)
- EYXn\_46N 13 Unable to leave the house because of a health problem
- EYXn\_46M 14 Other – Specify  
DK, R

EYX\_C146S    If EYX\_Q146 <> 14, go to EYX\_END.  
                  Otherwise, go to EYX\_Q146S.

EYX\_Q146S    INTERVIEWER: Specify.

---

(80 spaces)

EYX\_END

FOR INFORMATION ONLY

## PHYSICAL CHECK-UP (PCU)

PCU\_C1 If (PCU block = 2), go to PCU\_END.  
 PCUnFDO Otherwise go to PCU\_C150.

PCU\_C150 If proxy interview, go to PCU\_END.  
 Otherwise, go to PCU\_Q150.

PCU\_Q150 **(Now physical check-ups)**  
 PCUn\_150 **Have you ever had a physical check-up without having a specific health problem?**

- 1 Yes (Go to PCU\_Q152)
- 2 No  
 DK, R (Go to PCU\_END)

PCU\_Q151 **Have you ever had one during a visit for a health problem?**  
 PCUn\_151

- 1 Yes
- 2 No (Go to PCU\_Q156)  
 DK, R (Go to PCU\_END)

PCU\_Q152 **When was the last time?**  
 PCUn\_152 INTERVIEWER: Read categories to respondent.

- 1 **Less than 1 year ago** (Go to PCU\_END)
- 2 **1 year to less than 2 years ago** (Go to PCU\_END)
- 3 **2 years to less than 3 years ago** (Go to PCU\_END)
- 4 **3 years to less than 4 years ago**
- 5 **4 years to less than 5 years ago**
- 6 **5 or more years ago**  
 DK, R (Go to PCU\_END)

PCU\_Q156 **What are the reasons that you have not had a check-up in the past 3 years?**  
INTERVIEWER: Mark all that apply.

- PCUn\_56A 1 Have not gotten around to it
- PCUn\_56B 2 Respondent - did not think it was necessary
- PCUn\_56C 3 Doctor - did not think it was necessary
- PCUn\_56D 4 Personal or family responsibilities
- PCUn\_56E 5 Not available - at time required
- PCUn\_56F 6 Not available - at all in the area
- PCUn\_56G 7 Waiting time was too long
- PCUn\_56H 8 Transportation - problems
- PCUn\_56I 9 Language - problem
- PCUn\_56J 10 Cost
- PCUn\_56K 11 Did not know where to go / uninformed
- PCUn\_56L 12 Fear (e.g., painful, embarrassing, find something wrong)
- PCUn\_56N 13 Unable to leave the house because of a health problem
- PCUn\_56M 14 Other - Specify  
 DK, R

PCU\_C156S If PCU\_Q156 <> 14, go to PCU\_END.  
Otherwise, go to PCU\_Q156S.

PCU\_Q156S INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

PCU\_END

FOR INFORMATION ONLY

## PROSTATE CANCER SCREENING (PSA)

PSA\_C1 If (do PSA block = 2), go to PSA\_END.  
PSAnFDO Otherwise, go to PSA\_C170.

PSA\_C170 If proxy interview, go to PSA\_END.  
Otherwise, go to PSA\_C170A.

PSA\_C170A If female or age < 35, go to PSA\_END.  
Otherwise, go to PSA\_Q170.

PSA\_Q170 **(Now Prostate tests)**  
PSAn\_170 **Have you ever had a prostate specific antigen test for prostate cancer, that is, a PSA blood test?**

- |   |     |                  |
|---|-----|------------------|
| 1 | Yes |                  |
| 2 | No  | (Go to PSA_Q174) |
|   | DK  | (Go to PSA_Q174) |
|   | R   | (Go to PSA_END)  |

PSA\_Q172 **When was the last time?**  
PSAn\_172 **INTERVIEWER:** Read categories to respondent.

- |   |   |
|---|---|
| 1 | <b>Less than 1 year ago</b>             |
| 2 | <b>1 year to less than 2 years ago</b>  |
| 3 | <b>2 years to less than 3 years ago</b> |
| 4 | <b>3 years to less than 5 years ago</b> |
| 5 | <b>5 or more years ago</b>              |
|   | DK, R                                   |

PSA\_Q173 **Why did you have it?**  
**INTERVIEWER:** Mark all that apply.  
If respondent says 'Doctor recommended it' or 'I requested it', probe for reason.

- |          |   |  |
|----------|---|--|
| PSAn_73A | 1 | Family history of prostate cancer            |
| PSAn_73B | 2 | Part of regular check-up / routine screening |
| PSAn_73C | 3 | Age  |
| PSAn_73G | 4 | Race   |
| PSAn_73D | 5 | Follow-up of problem                         |
| PSAn_73E | 6 | Follow-up of prostate cancer treatment       |
| PSAn_73F | 7 | Other - Specify                              |
|          |   | DK, R  |

PSA\_C173S If PSA\_Q173 <> 7, go to PSA\_Q174.  
Otherwise, go to PSA\_Q173S.

PSA\_Q173S **INTERVIEWER:** Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

PSA\_Q174  
PSAn\_174

**A Digital Rectal Exam is an exam in which a gloved finger is inserted into the rectum in order to feel the prostate gland.  
Have you ever had this exam?**

- 1 Yes
- 2 No (Go to PSA\_END)
- DK, R (Go to PSA\_END)

PSA\_Q175  
PSAn\_175

**When was the last time?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than 1 year ago**
- 2 **1 year to less than 2 years ago**
- 3 **2 years to less than 3 years ago**
- 4 **3 years to less than 5 years ago**
- 5 **5 or more years ago**
- DK, R

PSA\_END

FOR INFORMATION ONLY



## COLORECTAL CANCER SCREENING (CCS)

CCS\_C1            If (do CCS block = 2), go to CCS\_END.  
CCSnFDO        Otherwise, go to CCS\_C180.

CCS\_C180        If proxy interview or age < 35, go to CCS\_END.  
                  Otherwise, go to CCS\_Q180.

CCS\_Q180        **Now a few questions about various Colorectal exams.**  
CCSn\_180

**An FOBT is a test to check for blood in your stool, where you have a bowel movement and use a stick to smear a small sample on a special card. Have you ever had this test?**

- 1        Yes
- 2        No                    (Go to CCS\_Q184)
- DK                    (Go to CCS\_Q184)
- R                      (Go to CCS\_END)

CCS\_Q182        **When was the last time?**  
CCSn\_182        INTERVIEWER: Read categories to respondent.

- 1        **Less than 1 year ago**
- 2        **1 year to less than 2 years ago**
- 3        **2 years to less than 3 years ago**
- 4        **3 years to less than 5 years ago**
- 5        **5 years to less than 10 years ago**
- 6        **10 or more years ago**
- DK, R

CCS\_Q183        **Why did you have it?**  
INTERVIEWER: Mark all that apply.  
If respondent says 'Doctor recommended it' or 'I requested it', probe for reason.

- CCSn\_83A        1        Family history of colorectal cancer
- CCSn\_83B        2        Part of regular check-up / routine screening
- CCSn\_83C        3        Age
- CCSn\_83G        4        Race
- CCSn\_83D        5        Follow-up of problem
- CCSn\_83E        6        Follow-up of colorectal cancer treatment
- CCSn\_83F        7        Other - Specify
- DK, R

CCS\_C183S        If CCS\_Q183 <> 7, go to CCS\_Q184.  
                  Otherwise, go to CCS\_Q183S.

CCS\_Q183S        INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

CCS\_Q184 **A colonoscopy or sigmoidoscopy is when a tube is inserted into the rectum to view the bowel for early signs of cancer and other health problems. Have you ever had either of these exams?**  
 CCSn\_184

- 1 Yes
- 2 No (Go to CCS\_END)
- DK, R (Go to CCS\_END)

CCS\_Q185 **When was the last time?**  
 CCSn\_185 INTERVIEWER: Read categories to respondent.

- 1 **Less than 1 year ago**
- 2 **1 year to less than 2 years ago**
- 3 **2 years to less than 3 years ago**
- 4 **3 years to less than 5 years ago**
- 5 **5 years to less than 10 years ago**
- 6 **10 or more years ago**
- DK, R

CCS\_Q186 **Why did you have it?**  
INTERVIEWER: Mark all that apply.  
 If respondent says "Doctor recommended it" or "I requested it", probe for reason.

- CCSn\_86A 1 Family history of colorectal cancer
- CCSn\_86B 2 Part of regular check-up / routine screening
- CCSn\_86C 3 Age
- CCSn\_86G 4 Race
- CCSn\_86D 5 Follow-up of problem
- CCSn\_86E 6 Follow-up of colorectal cancer treatment
- CCSn\_86F 7 Other - Specify
- DK, R

CCS\_C186S If CCS\_Q186 <> 7, go to CCS\_C187.  
 Otherwise, go to CCS\_Q186S.

CCS\_Q186S INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

CCS\_C187 If CCS\_Q180 = 1 (had a FOBT), go to CCS\_Q187.  
 Otherwise, go to CCS\_END.

CCS\_Q187 **Was the colonoscopy or sigmoidoscopy a follow-up of the results of an FOBT?**  
 CCSn\_187

- 1 Yes
- 2 No
- DK, R

CCS\_END

## DENTAL VISITS (DEN)

DEN\_BEG Set WearsDentures = No

DEN\_C130A If (do DEN block = 2), go to DEN\_END.  
DENnFDO Otherwise, go to DEN\_C130B.

DEN\_C130B If proxy interview, go to DEN\_END.  
Otherwise, go to DEN\_C130C.

DEN\_C130C If HCU\_Q02E = 0, DK or R (has not seen or talked to a dentist in past 12 months), go to DEN\_Q132.  
Otherwise, go to DEN\_Q130.

DEN\_Q130 **(Now dental visits)**

DENn\_130 **It was reported earlier that you have “seen” or “talked to” a dentist in the past 12 months. Did you actually visit one?**

- 1 Yes (Go to DEN\_END) (DEN\_Q132 = 1 will be filled during processing)
- 2 No
- DK, R (Go to DEN\_END)

DEN\_Q132 **When was the last time that you went to a dentist?**

DENn\_132 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than 1 year ago**
- 2 **1 year to less than 2 years ago** (Go to DEN\_END)
- 3 **2 years to less than 3 years ago** (Go to DEN\_END)
- 4 **3 years to less than 4 years ago** (Go to DEN\_Q136)
- 5 **4 years to less than 5 years ago** (Go to DEN\_Q136)
- 6 **5 or more years ago** (Go to DEN\_Q136)
- 7 Never (Go to DEN\_Q136)
- DK, R (Go to DEN\_END)

DEN\_E132 If DEN\_Q132 = 1 and HCU\_Q02E = 0, show pop-up edit as follows.  
Otherwise, go to DEN\_END.

**Inconsistent answers have been entered. The respondent went to a dentist less than 1 year ago but previously reported that he/she had not “seen” or “talked” to a dentist in the past 12 months. Please confirm.**

DEN\_Q136 **What are the reasons that you have not been to a dentist in the past 3 years?**  
INTERVIEWER: Mark all that apply.

- |          |    |  |
|----------|----|--|
| DENn_36A | 1  | Have not gotten around to it                             |
| DENn_36B | 2  | Respondent - did not think it was necessary              |
| DENn_36C | 3  | Dentist - did not think it was necessary                 |
| DENn_36D | 4  | Personal or family responsibilities                      |
| DENn_36E | 5  | Not available - at time required                         |
| DENn_36F | 6  | Not available - at all in the area                       |
| DENn_36G | 7  | Waiting time was too long                                |
| DENn_36H | 8  | Transportation - problems                                |
| DENn_36I | 9  | Language - problem                                       |
| DENn_36J | 10 | Cost   |
| DENn_36K | 11 | Did not know where to go / uninformed                    |
| DENn_36L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| DENn_36M | 13 | Wears dentures   |
| DENn_36O | 14 | Unable to leave the house because of a health problem    |
| DENn_36N | 15 | Other – Specify<br>DK, R                                 |

DEN\_D136 If DEN\_Q136 = 13, then WearsDentures = Yes.  
 Otherwise, WearsDentures = No.

DEN\_C136S If DEN\_Q136 <> 15, go to DEN\_END.  
 Otherwise, go to DEN\_Q136S.

DEN\_Q136S INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

DEN\_END

## ORAL HEALTH 2 (OH2)

OH2\_BEG

OH2\_C10A If (do OH2 block = 2), go to OH2\_END.  
Otherwise, go to OH2\_C10B.

OH2\_C10B If proxy interview, go to OH2\_END.  
Otherwise, go to OH2\_C10C.

OH2\_C10C If DEN\_Q132 = 7 (never go to the dentist), go to OH2\_C11.  
Otherwise, go to OH2\_Q10.

OH2\_Q10 **Do you usually visit the dentist:**  
INTERVIEWER: Read categories to respondent.

- 1 ... more than once a year for check-ups?
- 2 ... about once a year for check-ups?
- 3 ... less than once a year for check-ups?
- 4 ... only for emergency care?  
DK, R (Go to OH2\_END)

OH2\_C11 If (do INS block = 2), go to OH2\_Q11.  
Otherwise, go to OH2\_C12.

OH2\_Q11 **Do you have insurance that covers all or part of your dental expenses?**  
**Please include any private, government or employer-paid plans.**

- 1 Yes
- 2 No  
DK, R

OH2\_C12 If DEN\_Q130 = 1 or DEN\_Q132 = 1 (has visited dentist in past year), go to  
OH2\_Q12.  
Otherwise, go to OH2\_Q20.

OH2\_Q12 **In the past 12 months, have you had any teeth removed by a dentist?**

- 1 Yes
- 2 No (Go to OH2\_Q20)  
DK, R (Go to OH2\_Q20)

OH2\_Q13 **(In the past 12 months,) were any teeth removed because of decay or gum  
disease?**

- 1 Yes
- 2 No  
DK, R

- OH2\_Q20      **Do you have one or more of your own teeth?**
- 1      Yes
  - 2      No  
         DK, R
- OH2\_C21      If WearsDentures = Yes (DEN\_Q136 = 13, wears dentures), go to OH2\_C22.  
                Otherwise, go to OH2\_Q21.
- OH2\_Q21      **Do you wear dentures or false teeth?**
- 1      Yes
  - 2      No  
         DK, R
- OH2\_C22      If OH2\_Q21=1 or DEN\_Q136 = 13, use [teeth, mouth or dentures] in [teeth, mouth  
                or dentures/teeth or mouth].  
                Otherwise, use [teeth or mouth] in [teeth, mouth or dentures/teeth or mouth].
- OH2\_QINT22   **Now we have some additional questions about oral health, that is the health  
                of your teeth and mouth.**  
INTERVIEWER: Press <Enter> to continue.
- OH2\_Q22      **Because of the condition of your [teeth, mouth or dentures/teeth or mouth],  
                do you have difficulty pronouncing any words or speaking clearly?**
- 1      Yes
  - 2      No  
         DK, R
- OH2\_Q23      **In the past 12 months, how often have you avoided conversation or contact  
                with other people, because of the condition of your [teeth, mouth or  
                dentures/teeth or mouth]?**  
INTERVIEWER: Read categories to respondent.
- 1      **Often**
  - 2      **Sometimes**
  - 3      **Rarely**
  - 4      **Never**  
         DK, R
- OH2\_Q24      **In the past 12 months, how often have you avoided laughing or smiling,  
                because of the condition of your [teeth, mouth or dentures/teeth or mouth]?**
- 1      Often
  - 2      Sometimes
  - 3      Rarely
  - 4      Never  
         DK, R

OH2\_QINT25 **Now some questions about the health of your teeth and mouth during the past month.**

INTERVIEWER: Press <Enter> to continue.

OH2\_Q25A **In the past month, have you had:**

**... a toothache?**

- 1 Yes
- 2 No  
DK, R

OH2\_Q25B **In the past month, were your teeth:**

**... sensitive to hot or cold food or drinks?**

- 1 Yes
- 2 No  
DK, R

OH2\_Q25C **In the past month, have you had:**

**... pain in or around the jaw joints?**

- 1 Yes
- 2 No  
DK, R

OH2\_Q25D **(In the past month, have you had:)**

**... other pain in the mouth or face?**

- 1 Yes
- 2 No  
DK, R

OH2\_Q25E **(In the past month, have you had:)**

**... bleeding gums?**

- 1 Yes
- 2 No  
DK, R

OH2\_Q25F **(In the past month, have you had:)**

**... dry mouth?**

INTERVIEWER: Do not include thirst caused by exercise.

- 1 Yes
- 2 No  
DK, R

OH2\_Q25G **(In the past month, have you had:)**

**... bad breath?**

- 1 Yes
- 2 No
- DK, R

OH2\_C30 If OH2\_Q20 = 1 (has at least one natural tooth), go to OH2\_Q30.  
Otherwise, go to OH2\_END.

OH2\_Q30 **How often do you brush your teeth?**

- 1 More than twice a day
- 2 Twice a day
- 3 Once a day
- 4 Less than once a day but more than once a week
- 5 Once a week
- 6 Less than once a week
- DK, R

OH2\_END



## FOOD CHOICES (FDC)

FDC\_C1A      If (do FDC block = 2), then go to FDC\_END.  
FDCnFDO      Otherwise, go to FDC\_C1B.

FDC\_C1B      If proxy interview, go to FDC\_END.  
Otherwise, go to FDC\_QINT.

FDC\_QINT      **Now, some questions about the foods you eat.**  
INTERVIEWER: Press <Enter> to continue.

FDC\_Q1A      **Do you choose certain foods or avoid others :**  
FDCn\_1A      **... because you are concerned about your body weight?**

- 1      Yes (or sometimes)
- 2      No  
         DK, R                    (Go to FDC\_END)

FDC\_Q1B      **... because you are concerned about heart disease?**

FDCn\_1B

- 1      Yes (or sometimes)
- 2      No  
         DK, R

FDC\_Q1C      **... because you are concerned about cancer?**

FDCn\_1C

- 1      Yes (or sometimes)
- 2      No  
         DK, R

FDC\_Q1D      **... because you are concerned about osteoporosis (brittle bones)?**

FDCn\_1D

- 1      Yes (or sometimes)
- 2      No  
         DK, R

FDC\_Q2A      **Do you choose certain foods because of :**  
FDCn\_2A      **... the lower fat content?**

- 1      Yes (or sometimes)
- 2      No  
         DK, R

FDC\_Q2B      **... the fibre content?**

FDCn\_2B

- 1      Yes (or sometimes)
- 2      No  
         DK, R

FDC\_Q2C      **... the calcium content?**

FDCn\_2C

- 1      Yes (or sometimes)
- 2      No  
         DK, R

FDC\_Q3A      **Do you avoid certain foods because of :**  
FDCn\_3A      **... the fat content?**

- 1      Yes (or sometimes)
- 2      No  
         DK, R

FDC\_Q3B      **... the type of fat they contain?**  
FDCn\_3B

- 1      Yes (or sometimes)
- 2      No  
         DK, R

FDC\_Q3C      **... the salt content?**  
FDCn\_3C

- 1      Yes (or sometimes)
- 2      No  
         DK, R

FDC\_Q3D      **... the cholesterol content?**  
FDCn\_3D

- 1      Yes (or sometimes)
- 2      No  
         DK, R

FDC\_Q3E      **... the calorie content?**  
FDCn\_3E

- 1      Yes (or sometimes)
- 2      No  
         DK, R

FDC\_END

## DIETARY SUPPLEMENT USE (DSU)

DSU\_C1A If (do DSU block = 1), go to DSU\_C1B.  
Otherwise, go to DSU\_END.

DSU\_C1B If proxy interview, go to DSU\_END.  
Otherwise, go to DSU\_Q1A.

DSU\_Q1A **The next few questions are about the use of dietary supplements.**

**In the past 4 weeks, did you take any vitamin or mineral supplements?**

- 1 Yes
- 2 No (Go to DSU\_END)  
DK, R (Go to DSU\_END)

DSU\_Q1B **Did you take them at least once a week?**

- 1 Yes
- 2 No (Go to DSU\_Q1D)  
DK, R (Go to DSU\_END)

DSU\_Q1C **Last week, on how many days did you take them?**

|| Days  
(MIN: 1) (MAX: 7)  
DK, R

Go to DSU\_END.

DSU\_Q1D **In the past 4 weeks, on how many days did you take them?**

||| Days  
(MIN: 1) (MAX: 21)  
DK, R

DSU\_END

**FRUIT AND VEGETABLE CONSUMPTION (FVC)**

FVC\_C1A If (do FVC block = 2) or proxy interview, go to FVC\_END.  
 FVCnFDO Otherwise, go to FVC\_QINT.

FVC\_QINT **The next questions are about the foods you usually eat or drink. Think about all the foods you eat, both meals and snacks, at home and away from home.**  
INTERVIEWER: Press <Enter> to continue.

FVC\_Q1A **How often do you usually drink fruit juices such as orange, grapefruit or tomato?**  
 FVCn\_1A **(For example: once a day, three times a week, twice a month)**  
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to FVC\_N1C)
- 3 Per month (Go to FVC\_N1D)
- 4 Per year (Go to FVC\_N1E)
- 5 Never (Go to FVC\_Q2A)
- DK, R (Go to FVC\_END)

FVC\_N1B INTERVIEWER: Enter number of times per day.  
 FVCn\_1B

\_|\_| Times  
 (MIN: 1) (MAX: 20)  
 DK, R

Go to FVC\_Q2A

FVC\_N1C INTERVIEWER: Enter number of times per week.  
 FVCn\_1C

\_|\_| Times  
 (MIN: 1) (MAX: 90)  
 DK, R

Go to FVC\_Q2A

FVC\_N1D INTERVIEWER: Enter number of times per month.  
 FVCn\_1D

\_|\_|\_| Times  
 (MIN: 1) (MAX: 200)  
 DK, R

Go to FVC\_Q2A

FVC\_N1E INTERVIEWER: Enter number of times per year.  
 FVCn\_1E

\_|\_|\_| Times  
 (MIN: 1) (MAX: 500)  
 DK, R

FVC\_Q2A  
FVCn\_2A

**Not counting juice, how often do you usually eat fruit?**

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to FVC\_N2C)
- 3 Per month (Go to FVC\_N2D)
- 4 Per year (Go to FVC\_N2E)
- 5 Never (Go to FVC\_Q3A)  
DK, R (Go to FVC\_Q3A)

FVC\_N2B  
FVCn\_2B

INTERVIEWER: Enter number of times per day.

I\_I\_I Times  
(MIN: 1) (MAX: 20)  
DK, R

Go to FVC\_Q3A

FVC\_N2C  
FVCn\_2C

INTERVIEWER: Enter number of times per week.

I\_I\_I Times  
(MIN: 1) (MAX: 90)  
DK, R

Go to FVC\_Q3A

FVC\_N2D  
FVCn\_2D

INTERVIEWER: Enter number of times per month.

I\_I\_I\_I Times  
(MIN: 1) (MAX: 200)  
DK, R

Go to FVC\_Q3A

FVC\_N2E  
FVCn\_2E

INTERVIEWER: Enter number of times per year.

I\_I\_I\_I Times  
(MIN: 1) (MAX: 500)  
DK, R

FVC\_Q3A  
FVCn\_3A

**How often do you (usually) eat green salad?**

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to FVC\_N3C)
- 3 Per month (Go to FVC\_N3D)
- 4 Per year (Go to FVC\_N3E)
- 5 Never (Go to FVC\_Q4A)  
DK, R (Go to FVC\_Q4A)

FVC\_N3B  
FVCn\_3B

INTERVIEWER: Enter number of times per day.

I\_\_I Times  
(MIN: 1) (MAX: 20)  
DK, R

Go to FVC\_Q4A

FVC\_N3C  
FVCn\_3C

INTERVIEWER: Enter number of times per week.

I\_\_I Times  
(MIN: 1) (MAX: 90)  
DK, R

Go to FVC\_Q4A

FVC\_N3D  
FVCn\_3D

INTERVIEWER: Enter number of times per month.

I\_\_I\_\_I Times  
(MIN: 1) (MAX: 200)  
DK, R

Go to FVC\_Q4A

FVC\_N3E  
FVCn\_3E

INTERVIEWER: Enter number of times per year.

I\_\_I\_\_I Times  
(MIN: 1) (MAX: 500)  
DK, R

FVC\_Q4A  
FVCn\_4A

**How often do you usually eat potatoes, not including french fries, fried potatoes, or potato chips?**

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- |   |           |                 |
|---|-----------|-----------------|
| 1 | Per day   |                 |
| 2 | Per week  | (Go to FVC_N4C) |
| 3 | Per month | (Go to FVC_N4D) |
| 4 | Per year  | (Go to FVC_N4E) |
| 5 | Never     | (Go to FVC_Q5A) |
|   | DK, R     | (Go to FVC_Q5A) |

FVC\_N4B  
FVCn\_4B

INTERVIEWER: Enter number of times per day.

I\_\_I Times  
(MIN: 1) (MAX: 20)  
DK, R

Go to FVC\_Q5A

FVC\_N4C  
FVCn\_4C

INTERVIEWER: Enter number of times per week.

I\_\_I Times  
(MIN: 1) (MAX: 90)  
DK, R

Go to FVC\_Q5A

FVC\_N4D  
FVCn\_4D

INTERVIEWER: Enter number of times per month.

I\_\_I\_\_I Times  
(MIN: 1) (MAX: 200)  
DK, R

Go to FVC\_Q5A

FVC\_N4E  
FVCn\_4E

INTERVIEWER: Enter number of times per year.

I\_\_I\_\_I Times  
(MIN: 1) (MAX: 500)  
DK, R

FVC\_Q5A  
FVCn\_5A

**How often do you (usually) eat carrots?**  
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to FVC\_N5C)
- 3 Per month (Go to FVC\_N5D)
- 4 Per year (Go to FVC\_N5E)
- 5 Never (Go to FVC\_Q6A)
- DK, R (Go to FVC\_Q6A)

FVC\_N5B  
FVCn\_5B

INTERVIEWER: Enter number of times per day.

I\_\_I Times  
(MIN: 1) (MAX: 20)  
DK, R

Go to FVC\_Q6A

FVC\_N5C  
FVCn\_5C

INTERVIEWER: Enter number of times per week.

I\_\_I Times  
(MIN: 1) (MAX: 90)  
DK, R

Go to FVC\_Q6A

FVC\_N5D  
FVCn\_5D

INTERVIEWER: Enter number of times per month

I\_\_I\_\_I Times  
(MIN: 1) (MAX: 200)  
DK, R

Go to FVC\_Q6A

FVC\_N5E  
FVCn\_5E

INTERVIEWER: Enter number of times per year.

I\_I\_I\_I Times  
(MIN: 1) (MAX: 500)  
DK, R

FVC\_Q6A  
FVCn\_6A

**Not counting carrots, potatoes, or salad, how many servings of other vegetables do you usually eat?**

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- |   |           |                 |
|---|-----------|-----------------|
| 1 | Per day   |                 |
| 2 | Per week  | (Go to FVC_N6C) |
| 3 | Per month | (Go to FVC_N6D) |
| 4 | Per year  | (Go to FVC_N6E) |
| 5 | Never     | (Go to FVC_END) |
|   | DK, R     | (Go to FVC_END) |

FVC\_N6B  
FVCn\_6B

INTERVIEWER: Enter number of servings per day.

I\_I\_I Servings  
(MIN: 1) (MAX: 20)  
DK, R

Go to FVC\_END

FVC\_N6C  
FVCn\_6C

INTERVIEWER: Enter number of servings per week.

I\_I\_I Servings  
(MIN: 1) (MAX: 90)  
DK, R

Go to FVC\_END

FVC\_N6D  
FVCn\_6D

INTERVIEWER: Enter number of servings per month.

I\_I\_I\_I Servings  
(MIN: 1) (MAX: 200)  
DK, R

Go to FVC\_END

FVC\_N6E  
FVCn\_6E

INTERVIEWER: Enter number of servings per year.

I\_I\_I\_I Servings  
(MIN: 1) (MAX: 500)  
DK, R

FVC\_END



## PHYSICAL ACTIVITIES (PAC)

February 27, 2004

PAC\_BEG

PAC\_C1 If (do PAC block = 1), go to PAC\_C2.  
Otherwise, go to PAC\_END.

PAC\_C2 If proxy interview, go to PAC\_END.

PAC\_R1 **Now I'd like to ask you about some of your physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, leisure time activities.**  
INTERVIEWER: Press <Enter> to continue.

PAC\_Q1 **Have you done any of the following in the past 3 months, that is, from [date three months ago] to yesterday?**  
INTERVIEWER: Read categories to respondent. Mark all that apply.

- |    |   |    |  |
|----|---|----|--|
| 1  | <b>Walking for exercise</b>             | 13 | <b>Downhill skiing or snowboarding</b> |
| 2  | <b>Gardening or yard work</b>           | 14 | <b>Bowling</b>                         |
| 3  | <b>Swimming</b>                         | 15 | <b>Baseball or softball</b>            |
| 4  | <b>Bicycling</b>                        | 16 | <b>Tennis</b>                          |
| 5  | <b>Popular or social dance</b>          | 17 | <b>Weight-training</b>                 |
| 6  | <b>Home exercises</b>                   | 18 | <b>Fishing</b>                         |
| 7  | <b>Ice hockey</b>                       | 19 | <b>Volleyball</b>                      |
| 8  | <b>Ice skating</b>                      | 20 | <b>Basketball</b>                      |
| 9  | <b>In-line skating or rollerblading</b> | 21 | <b>Soccer</b>                          |
| 10 | <b>Jogging or running</b>               | 22 | <b>Any other</b> (Go to PAC_Q1VS)      |
| 11 | <b>Golfing</b>                          | 23 | No physical activity                   |
| 12 | <b>Exercise class or aerobics</b>       |    | (Go to PAC_R2)                         |

DK, R (Go to PAC\_END)

If "Any other" is chosen as a response, go to PAC\_Q1VS.  
Otherwise, go to PAC\_Q2.

PAC\_Q1VS **What was this activity?**  
INTERVIEWER: Enter one activity only.

(80 spaces)

DK, R (Go to PAC\_Q2)

PAC\_Q1X **In the past 3 months, did you do any other physical activity for leisure?**

- |   |       |                |
|---|-------|----------------|
| 1 | Yes   |                |
| 2 | No    | (Go to PAC_Q2) |
|   | DK, R | (Go to PAC_Q2) |

PAC\_Q1XS **What was this activity?**  
INTERVIEWER: Enter one activity only.

\_\_\_\_\_  
 (80 spaces)  
 DK, R (Go to PAC\_Q2)

PAC\_Q1Y **In the past 3 months, did you do any other physical activity for leisure?**

1 Yes  
 2 No (Go to PAC\_Q2)  
 DK, R (Go to PAC\_Q2)

PAC\_Q1YS **What was this activity?**  
INTERVIEWER: Enter one activity only.

\_\_\_\_\_  
 (80 spaces)  
 DK, R (Go to PAC\_Q2)

For each activity identified in PAC\_Q1, ask PAC\_Q2 and PAC\_Q3

PAC\_E1 If “No physical activity” is chosen in PAC\_Q1 with any other response, show pop-up edit as follows.

**You cannot select “No physical activity” and another category.  
 Please return and correct.**

PAC\_C2 If PAC\_Q1 = 22 only and PAC\_Q1VS = DK, R go to PAC\_R2.  
 Otherwise, go to PAC\_Q2.

PAC\_Q2 **In the past 3 months, how many times did you [participate in identified activity]?**

\_\_\_\_ Times  
 (MIN: 1) (MAX: 99 for each activity except the following:  
 Walking: MAX = 270  
 Bicycling: MAX = 200  
 Other activities: MAX = 200)  
 DK, R (Go to next activity)

PAC\_Q3 **About how much time did you spend on each occasion?**

1 1 to 15 minutes  
 2 16 to 30 minutes  
 3 31 to 60 minutes  
 4 More than one hour

PAC\_R2 **Next, some questions about the amount of time you spent in the past 3 months on physical activity at work or while doing daily chores around the house, but not leisure time activity.**  
INTERVIEWER: Press <Enter> to continue.

PAC\_Q4A **In a typical week in the past 3 months, how many hours did you usually spend walking to work or to school or while doing errands?**

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 5 hours
- 4 From 6 to 10 hours
- 5 From 11 to 20 hours
- 6 More than 20 hours  
DK, R

PAC\_Q4B **(In a typical week in the past 3 months,) how many hours did you usually spend bicycling to work or to school or while doing errands?**

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 5 hours
- 4 From 6 to 10 hours
- 5 From 11 to 20 hours
- 6 More than 20 hours  
DK, R

PAC\_Q6 **Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?**

INTERVIEWER: Read categories to respondent.

- 1 **Usually sit during the day and don't walk around very much**
- 2 **Stand or walk quite a lot during the day but don't have to carry or lift things very often**
- 3 **Usually lift or carry light loads, or have to climb stairs or hills often**
- 4 **Do heavy work or carry very heavy loads**

PAC\_END

## SEDENTARY ACTIVITIES (SAC)

March 24, 2004

SAC\_BEG

SAC\_C1 If (do SAC block = 1), go to SAC\_CINT.  
Otherwise, go to SAC\_END.

SAC\_CINT If proxy interview, go to SAC\_END.  
Otherwise, go to SAC\_QINT.

SAC\_QINT **Now, a few additional questions about activities you do in your leisure time, that is, activities not at work or at school.**  
INTERVIEWER: Press <Enter> to continue.

SAC\_Q1 **In a typical week in the past 3 months, how much time did you usually spend on computer, including playing computer games and using the Internet?**  
INTERVIEWER: Do not include time spent at work or at school.

- 1 None
  - 2 Less than 1 hour
  - 3 From 1 to 2 hours
  - 4 From 3 to 5 hours
  - 5 From 6 to 10 hours
  - 6 From 11 to 14 hours
  - 7 From 15 to 20 hours
  - 8 More than 20 hours
- DK, R (Go to SAC\_END)

SAC\_C2 If age > 19, go to SAC\_Q3.

SAC\_Q2 **(In a typical week, in the past 3 months,) how much time did you usually spend playing video games, such as XBOX, Nintendo and Playstation?**

- 1 None
  - 2 Less than 1 hour
  - 3 From 1 to 2 hours
  - 4 From 3 to 5 hours
  - 5 From 6 to 10 hours
  - 6 From 11 to 14 hours
  - 7 From 15 to 20 hours
  - 8 More than 20 hours
- DK, R

SAC\_Q3 **(In a typical week in the past 3 months,) how much time did you usually spend watching television or videos?**

- 1 None
  - 2 Less than 1 hour
  - 3 From 1 to 2 hours
  - 4 From 3 to 5 hours
  - 5 From 6 to 10 hours
  - 6 From 11 to 14 hours
  - 7 From 15 to 20 hours
  - 8 More than 20 hours
- DK, R

SAC\_Q4 **(In a typical week, in the past 3 months,) how much time did you usually spend reading, not counting at work or at school?**

INTERVIEWER: Include books, magazines, newspapers, homework.

- 1 None
  - 2 Less than 1 hour
  - 3 From 1 to 2 hours
  - 4 From 3 to 5 hours
  - 5 From 6 to 10 hours
  - 6 From 11 to 14 hours
  - 7 From 15 to 20 hours
  - 8 More than 20 hours
- DK, R

SAC\_END

## LEISURE ACTIVITIES (LEI)

February 16, 2004

LEI\_BEG

LEI\_C1 If (do LEI block = 2), go to LEI\_END.  
Otherwise, go to LEI\_C2.

LEI\_C2 If proxy interview, go to LEI\_END.  
Otherwise, go to LEI\_C3.

LEI\_C3 If (do SAC block = 1), go to LEI\_Q01.  
Otherwise, go to LEI\_QINT.

LEI\_QINT **Now, a few additional questions about activities you do in your leisure time, that is, activities not at work or at school.**  
INTERVIEWER: Press <Enter> to continue.

LEI\_Q01 **In a typical week in the past 3 months, how much time did you usually spend playing cards or other games?**

- 1 None
  - 2 Less than 1 hour
  - 3 From 1 to 2 hours
  - 4 From 3 to 5 hours
  - 5 From 6 to 10 hours
  - 6 From 11 to 14 hours
  - 7 From 15 to 20 hours
  - 8 More than 20 hours
- DK, R

LEI\_Q02 **(In a typical week in the past 3 months), how much time did you usually spend listening to radio, CD's or other recorded music?**

- 1 None
  - 2 Less than 1 hour
  - 3 From 1 to 2 hours
  - 4 From 3 to 5 hours
  - 5 From 6 to 10 hours
  - 6 From 11 to 14 hours
  - 7 From 15 to 20 hours
  - 8 More than 20 hours
- DK, R

LEI\_Q03 (In a typical week in the past 3 months),  
how much time did you usually spend doing crafts or other hobbies such as  
painting, knitting, collecting or woodworking?

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 2 hours
- 4 From 3 to 5 hours
- 5 From 6 to 10 hours
- 6 From 11 to 14 hours
- 7 From 15 to 20 hours
- 8 More than 20 hours  
DK, R

LEI\_Q04 (In a typical week in the past 3 months),  
how much time did you usually spend visiting with family or friends?

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 2 hours
- 4 From 3 to 5 hours
- 5 From 6 to 10 hours
- 6 From 11 to 14 hours
- 7 From 15 to 20 hours
- 8 More than 20 hours  
DK, R

LEI\_Q05 (In a typical week in the past 3 months),  
how much time did you usually spend attending events or entertainment  
such as going to movies, concerts, sporting events or theatre?

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 2 hours
- 4 From 3 to 5 hours
- 5 From 6 to 10 hours
- 6 From 11 to 14 hours
- 7 From 15 to 20 hours
- 8 More than 20 hours  
DK, R

LEI\_END

## USE OF PROTECTIVE EQUIPMENT (UPE)

- UPE\_C1A  
UPEnFDO If (do UPE block = 2), go to UPE\_END.  
Otherwise, go to UPE\_C1B.
- UPE\_C1B If proxy interview, go to UPE\_END.  
Otherwise, go to UPE\_CINT.
- UPE\_CINT If PAC\_Q1 = 4 (bicycling for leisure) or PAC\_Q1 = 9 (in-line skating or rollerblading) or PAC\_Q1 = 13 (downhill skiing or snowboarding), or PAC\_Q4B > 1 and PAC\_Q4B < 7 (bicycling to work), go to UPE\_QINT.  
Otherwise, go to UPE\_C3A.
- UPE\_QINT **Now a few questions about precautions you take while participating in physical activities.**  
INTERVIEWER: Press <Enter> to continue.
- UPE\_C1C If PAC\_Q1 = 4 (bicycling for leisure) or PAC\_Q4B > 1 and PAC\_Q4B < 7 (bicycling to work), go to UPE\_Q1.  
Otherwise, go to UPE\_C2A.
- UPE\_Q1  
UPEn\_01 **When riding a bicycle, how often do you wear a helmet?**  
INTERVIEWER: Read categories to respondent.
- 1 **Always**
  - 2 **Most of the time**
  - 3 **Rarely**
  - 4 **Never**  
DK, R
- UPE\_C2A If PAC\_Q1 = 9 (in-line skating or rollerblading), go to UPE\_Q2A.  
Otherwise, go to UPE\_C3A.
- UPE\_Q2A  
UPEn\_02A **When in-line skating or rollerblading, how often do you wear a helmet?**
- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never  
DK, R
- UPE\_Q2B  
UPEn\_02B **How often do you wear wrist guards or wrist protectors?**
- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never  
DK, R



UPE\_Q2C **How often do you wear elbow pads?**

UPEn\_02C

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, R

UPE\_C3A If PAC\_Q1 = 13 (downhill skiing or snowboarding), go to UPE\_Q3A.  
Otherwise, go to UPE\_Q3B.

UPE\_Q3A **Earlier, you mentioned going downhill skiing or snowboarding in the past 3 months. Was that :**

UPEn\_03A

INTERVIEWER: Read categories to respondent.

- 1 ... **downhill skiing only?** (Go to UPE\_Q4A)
  - 2 ... **snowboarding only?** (Go to UPE\_C5A)
  - 3 ... **both ?** (Go to UPE\_Q4A)
- DK, R (Go to UPE\_C6)

UPE\_Q3B **In the past 12 months, did you do any downhill skiing or snowboarding?**

UPEn\_03B

INTERVIEWER: Read categories to respondent.

- 1 **Downhill skiing only** (Go to UPE\_Q4A)
  - 2 **Snowboarding only** (Go to UPE\_C5A)
  - 3 **Both** (Go to UPE\_Q4A)
  - 4 **Neither** (Go to UPE\_C6)
- DK, R (Go to UPE\_C6)

UPE\_Q4A **When downhill skiing, how often do you wear a helmet?**

UPEn\_04A

INTERVIEWER: Read categories to respondent.

- 1 **Always**
  - 2 **Most of the time**
  - 3 **Rarely**
  - 4 **Never**
- DK, R

UPE\_C5A If UPE\_Q3A = 2 or 3 (snowboarding or both) or UPE\_Q3B = 2 or 3, go to UPE\_Q5A.  
Otherwise, go to UPE\_C6.

UPE\_Q5A **When snowboarding, how often do you wear a helmet?**

UPEn\_05A

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, R

UPE\_Q5B **How often do you wear wrist guards or wrist protectors?**

UPEn\_05B

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never  
DK, R

UPE\_C6 If age  $\geq$  12 or  $\leq$  19, go to UPE\_Q6.  
Otherwise, go to UPE\_END.

UPE\_Q6 **In the past 12 months, have you done any skateboarding?**

UPEn\_06

- 1 Yes
- 2 No (Go to UPE\_END)  
DK, R (Go to UPE\_END)

UPE\_Q6A **How often do you wear a helmet?**

UPEn\_06A

INTERVIEWER: Read categories to respondent.

- 1 **Always**
- 2 **Most of the time**
- 3 **Rarely**
- 4 **Never**  
DK, R

UPE\_Q6B **How often do you wear wrist guards or wrist protectors?**

UPEn\_06B

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never  
DK, R

UPE\_Q6C **How often do you wear elbow pads?**

UPEn\_06C

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never  
DK, R

UPE\_END

## SUN SAFETY (SSB)

SSB\_C1 If (do SSB block = 2), go to SSB\_END.  
SSBnFDO Otherwise, go to SSB\_C2.

SSB\_C2 If proxy interview, go to SSB\_END.  
Otherwise, go to SSB\_QINT1.

SSB\_QINT1 **The next few questions are about exposure to the sun and sunburns. Sunburn is defined as any reddening or discomfort of the skin, that lasts longer than 12 hours after exposure to the sun or other UV sources, such as tanning beds or sun lamps.**  
INTERVIEWER: Press <Enter> to continue.

SSB\_Q01 **In the past 12 months, has any part of your body been sunburnt?**  
SSBn\_01

- 1 Yes
- 2 No (Go to SSB\_C04)  
DK, R (Go to SSB\_END)

SSB\_Q02 **Did any of your sunburns involve blistering?**  
SSBn\_02

- 1 Yes
- 2 No  
DK, R

SSB\_Q03 **Did any of your sunburns involve pain or discomfort that lasted for more than 1 day?**  
SSBn\_03

- 1 Yes
- 2 No  
DK, R

SSB\_C04 If HasSkinCancer = Yes, go to SSB\_QINT6.  
Otherwise, go to SSB\_Q04.

SSB\_Q04 **Have you ever been diagnosed with skin cancer?**  
SSBn\_04

- 1 Yes
- 2 No  
DK, R

SSB\_QINT6 **For the next questions, think about a typical weekend, or day off from work or school in the summer months.**  
INTERVIEWER: Press <Enter> to continue.

SSB\_Q06  
SSBn\_06

**About how much time each day do you spend in the sun between 11 am and 4 pm?**

- 1 None (Go to SSB\_END)
- 2 Less than 30 minutes (Go to SSB\_END)
- 3 30 to 59 minutes
- 4 1 hour to less than 2 hours
- 5 2 hours to less than 3 hours
- 6 3 hours to less than 4 hours
- 7 4 hours to less than 5 hours
- 8 5 hours  
DK, R (Go to SSB\_END)

SSB\_Q07  
SSBn\_07

**In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:**

**... seek shade?**

INTERVIEWER: Read categories to respondent.

- 1 **Always**
- 2 **Often**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never**  
DK, R

SSB\_Q08  
SSBn\_08

**(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more,) how often do you:**

**... wear a hat that shades your face, ears and neck?**

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never  
DK, R

SSB\_Q09A  
SSBn\_09A

**(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more,) how often do you:**

**... wear long pants or a long skirt to protect your skin from the sun?**

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never  
DK, R

SSB\_Q09B (In the summer months, on a typical weekend or day off, when you are in  
SSBn\_09B the sun for 30 minutes or more,) how often do you:

... use sunscreen on your face?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely (Go to SSB\_Q11)
- 5 Never (Go to SSB\_Q11)  
DK, R (Go to SSB\_Q11)

SSB\_Q10 What Sun Protection factor (SPF) do you usually use?  
SSBn\_10

- 1 Less than 15
- 2 15 to 25
- 3 More than 25  
DK, R

SSB\_Q11 (In the summer months, on a typical weekend or day off, when you are in  
SSBn\_11 the sun for 30 minutes or more,) how often do you:

... use sunscreen on your body?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely (Go to SSB\_END)
- 5 Never (Go to SSB\_END)  
DK, R (Go to SSB\_END)

SSB\_Q12 What Sun Protection factor (SPF) do you usually use?  
SSBn\_12

- 1 Less than 15
- 2 15 to 25
- 3 More than 25  
DK, R

SSB\_END

## INJURIES (INJ) (REP)

REP\_C1 If (do INJ block = 2), go to INJ\_END.  
 INJnFDO Otherwise, go to REP\_QINT.

### Repetitive strain

REP\_QINT **This next section deals with repetitive strain injuries. By this we mean injuries caused by overuse or by repeating the same movement frequently. (For example, carpal tunnel syndrome, tennis elbow or tendonitis.)**  
 INTERVIEWER: Press <Enter> to continue.

REP\_Q1 **In the past 12 months, that is, from [date one year ago] to yesterday, did**  
 REPn\_1 **[you/FNAME] have any injuries due to repetitive strain which were serious enough to limit [your/his/her] normal activities?**

- 1 Yes
- 2 No (Go to INJ\_QINT)
- DK, R (Go to INJ\_QINT)

REP\_Q3 **Thinking about the most serious repetitive strain, what part of the body was**  
 REPn\_3 **affected?**

- 1 Head
- 2 Neck
- 3 Shoulder, upper arm
- 4 Elbow, lower arm
- 5 Wrist
- 6 Hand
- 7 Hip
- 8 Thigh
- 9 Knee, lower leg
- 10 Ankle, foot
- 11 Upper back or upper spine (excluding neck)
- 12 Lower back or lower spine
- 13 Chest (excluding back and spine)
- 14 Abdomen or pelvis (excluding back and spine)
- DK, R

REP\_Q4 **What type of activity [were/was] [you/he/she] doing when [you/he/she] got this repetitive strain?**

INTERVIEWER: Mark all that apply.

- REPn\_4A 1 Sports or physical exercise (include school activities)
- REPn\_4B 2 Leisure or hobby (include volunteering)
- REPn\_4C 3 Working at a job or business (exclude travel to or from work)
- REPn\_4G 4 Travel to or from work
- REPn\_4D 5 Household chores, other unpaid work or education
- REPn\_4E 6 Sleeping, eating, personal care
- REPn\_4F 7 Other - Specify
- DK, R

REP\_C4S If REP\_Q4 <> 7, go to INJ\_CINT.  
Otherwise, go to REP\_Q4S.

REP\_Q4S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

Number of injuries and details of most serious injury

INJ\_CINT If REP\_Q1 = 1, use “other injuries” in INJ\_QINT.  
Otherwise, use “injuries” in INJ\_QINT.

INJ\_QINT **Now some questions about [other] injuries which occurred in the past 12 months, and were serious enough to limit [your/FNAME’s] normal activities. For example, a broken bone, a bad cut or burn, a sprain, or a poisoning.**  
INTERVIEWER: Press <Enter> to continue.

INJ\_C01 If REP\_Q1 = 1, use “Not counting repetitive strain injuries, in the past 12 months,” in INJ\_Q01.  
Otherwise, use “In the past 12 months,” in INJ\_Q01.

INJ\_Q01 **[Not counting repetitive strain injuries, in the past 12 months, / In the past 12 months,] that is, from [date one year ago] to yesterday, [were/was]**  
INJn\_01 **[you/FNAME] injured?**

- 1 Yes
- 2 No (Go to INJ\_Q16)
- DK, R (Go to INJ\_END)

INJ\_Q02 **How many times [were/was] [you/he/she] injured?**  
INJn\_02

[\_|\_] Times  
(MIN: 1) (MAX: 30; warning after 6)  
DK, R (Go to INJ\_END)

INJ\_C03 If INJ\_Q02 = 1 (one injury), use “In which month” in INJ\_Q03.  
Otherwise, use “Thinking about the most serious injury, in which month” in INJ\_Q03.

INJ\_Q03 **[Thinking about the most serious injury, in which month / In which month]**  
INJn\_03A **did it happen?**

- |   |          |    |           |
|---|----------|----|-----------|
| 1 | January  | 7  | July      |
| 2 | February | 8  | August    |
| 3 | March    | 9  | September |
| 4 | April    | 10 | October   |
| 5 | May      | 11 | November  |
| 6 | June     | 12 | December  |

DK, R (Go to INJ\_Q05)

INJ\_C04 If INJ\_Q03 = “current month”, go to INJ\_Q04.  
Otherwise, go to INJ\_Q05.

INJ\_Q04 **Was that this year or last year?**  
 INJn\_04

- 1 This year
- 2 Last year
- DK, R

INJ\_Q05 **What type of injury did [you/he/she] have? For example, a broken bone or burn.**  
 INJn\_05

- 1 Multiple injuries
- 2 Broken or fractured bones
- 3 Burn, scald, chemical burn
- 4 Dislocation
- 5 Sprain or strain
- 6 Cut, puncture, animal or human bite (open wound)
- 7 Scrape, bruise, blister
- 8 Concussion or other brain injury (Go to INJ\_Q08)
- 9 Poisoning (Go to INJ\_Q08)
- 10 Injury to internal organs (Go to INJ\_Q07)
- 11 Other - Specify  
 DK, R

INJ\_C05S If INJ\_Q05 <> 11, go to INJ\_Q06.  
 Otherwise, go to INJ\_Q05S.

INJ\_Q05S INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

INJ\_Q06 **What part of the body was injured?**  
 INJn\_06

- 1 Multiple sites
- 2 Eyes
- 3 Head (excluding eyes)
- 4 Neck
- 5 Shoulder, upper arm
- 6 Elbow, lower arm
- 7 Wrist
- 8 Hand
- 9 Hip
- 10 Thigh
- 11 Knee, lower leg
- 12 Ankle, foot
- 13 Upper back or upper spine (excluding neck)
- 14 Lower back or lower spine
- 15 Chest (excluding back and spine)
- 16 Abdomen or pelvis (excluding back and spine)
- DK, R

Go to INJ\_Q08



INJ\_Q07  
INJn\_07

**What part of the body was injured?**

- 1 Chest (within rib cage)
- 2 Abdomen or pelvis (below ribs)
- 3 Other - Specify  
DK, R

INJ\_C07S If INJ\_Q07 <> 3, go to INJ\_Q08.  
Otherwise, go to INJ\_Q07S.

INJ\_Q07S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

INJ\_Q08  
INJn\_08

**Where did the injury happen?**

INTERVIEWER: If respondent says 'At work', probe for type of workplace.

- 1 In a home or its surrounding area
- 2 Residential institution
- 3 School, college, university (exclude sports areas)
- 4 Sports or athletics area of school, college, university
- 5 Other sports or athletics area (exclude school sports areas)
- 6 Other institution (e.g., church, hospital, theatre, civic building)
- 7 Street, highway, sidewalk
- 8 Commercial area (e.g., store, restaurant, office building, transport terminal)
- 9 Industrial or construction area
- 10 Farm (exclude farmhouse and its surrounding area)
- 11 Countryside, forest, lake, ocean, mountains, prairie, etc.
- 12 Other - Specify  
DK, R

INJ\_C08S If INJ\_Q08 <> 12, go to INJ\_Q09.  
Otherwise, go to INJ\_Q08S.

INJ\_Q08S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

INJ\_Q09  
INJn\_09

**What type of activity [were/was] [you/he/she] doing when [you/he/she] [were/was] injured?**

- 1 Sports or physical exercise (include school activities)
- 2 Leisure or hobby (include volunteering)
- 3 Working at a job or business (exclude travel to or from work)
- 4 Travel to or from work
- 5 Household chores, other unpaid work or education
- 6 Sleeping, eating, personal care
- 7 Other - Specify  
DK, R

INJ\_C09S If INJ\_Q09 <> 7, go to INJ\_Q10.  
Otherwise, go to INJ\_Q09S.

INJ\_Q09S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

INJ\_Q10 **Was the injury the result of a fall?**

INJn\_10 INTERVIEWER: Select “No” for transportation accidents.

- 1 Yes
- 2 No (Go to INJ\_Q12)
- DK, R (Go to INJ\_Q12)

INJ\_Q11 **How did [you/he/she] fall?**

INJn\_11

- 1 While skating, skiing, snowboarding, in-line skating or skateboarding
- 2 Going up or down stairs / steps (icy or not)
- 3 Slip, trip or stumble on ice or snow
- 4 Slip, trip or stumble on any other surface
- 5 From furniture (e.g., bed, chair)
- 6 From elevated position (e.g., ladder, tree)
- 7 Other - Specify
- DK, R

INJ\_C11S If INJ\_Q11 <> 7, go to INJ\_Q13.  
Otherwise, go to INJ\_Q11S.

INJ\_Q11S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

Go to INJ\_Q13

INJ\_Q12 **What caused the injury?**

INJn\_12

- 1 Transportation accident
- 2 Accidentally bumped, pushed, bitten, etc. by person or animal
- 3 Accidentally struck or crushed by object(s)
- 4 Accidental contact with sharp object, tool or machine
- 5 Smoke, fire, flames
- 6 Accidental contact with hot object, liquid or gas
- 7 Extreme weather or natural disaster
- 8 Overexertion or strenuous movement
- 9 Physical assault
- 10 Other - Specify
- DK, R

INJ\_C12S If INJ\_Q12 <> 10, go to INJ\_Q13.  
Otherwise, go to INJ\_Q12S.

INJ\_Q12S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

INJ\_Q13 **Did [you/FNAME] receive any medical attention for the injury from a health professional in the 48 hours following the injury?**  
INJn\_13

- 1 Yes
- 2 No (Go to INJ\_Q16)
- DK, R (Go to INJ\_Q16)

INJ\_Q14 **Where did [you/he/she] receive treatment?**  
INTERVIEWER: Mark all that apply.

- INJn\_14A 1 Doctor's office
- INJn\_14B 2 Hospital emergency room
- INJn\_14C 3 Hospital outpatient clinic (e.g. day surgery, cancer)
- INJn\_14D 4 Walk-in clinic
- INJn\_14E 5 Appointment clinic
- INJn\_14F 6 Community health centre / CLSC
- INJn\_14G 7 At work
- INJn\_14H 8 At school
- INJn\_14I 9 At home
- INJn\_14J 10 Telephone consultation only
- INJn\_14K 11 Other - Specify  
DK, R

INJ\_C14S If INJ\_Q14 <> 11, go to INJ\_Q15.  
Otherwise, go to INJ\_Q14S.

INJ\_Q14S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

INJ\_Q15 **[Were/Was] [you/he/she] admitted to a hospital overnight?**  
INJn\_15

- 1 Yes
- 2 No
- DK, R

INJ\_E15 If INJ\_Q15 = 1 and HCU\_Q01BA = 2 (No), show pop-up message as follows.

**Inconsistent answers have been entered. Please confirm.**

INJ\_Q16  
INJn\_16

**Did [you/FNAME] have any other injuries in the past 12 months that were treated by a health professional, but did not limit [your/his/her] normal activities?**

- 1 Yes
- 2 No (Go to INJ\_END)
- DK, R (Go to INJ\_END)

INJ\_Q17  
INJn\_17

**How many injuries?**

[\_] Injuries  
(MIN: 1) (MAX: 30; warning after 6)  
DK, R

INJ\_END

FOR INFORMATION ONLY

## HEALTH UTILITY INDEX (HUI)

HUI\_C1 If (do HUI block =2), go to HUI\_END.  
HUIInFDO Otherwise, go to HUI\_QINT1.

HUI\_QINT1 **The next set of questions asks about [your/FNAME's] day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities. You may feel that some of these questions do not apply to [you/FNAME], but it is important that we ask the same questions of everyone.**  
**INTERVIEWER:** Press <Enter> to continue.

### Vision

HUI\_Q01 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary**  
HUIIn\_01 **newsprint without glasses or contact lenses?**

- 1 Yes (Go to HUI\_Q04)
- 2 No  
DK, R (Go to HUI\_END)

HUI\_Q02 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary**  
HUIIn\_02 **newsprint with glasses or contact lenses?**

- 1 Yes (Go to HUI\_Q04)
- 2 No  
DK, R

HUI\_Q03 **[Are/Is] [you/he/she] able to see at all?**  
HUIIn\_03

- 1 Yes
- 2 No (Go to HUI\_Q06)  
DK, R (Go to HUI\_Q06)

HUI\_Q04 **[Are/Is] [you/he/she] able to see well enough to recognize a friend on the**  
HUIIn\_04 **other side of the street without glasses or contact lenses?**

- 1 Yes (Go to HUI\_Q06)
- 2 No  
DK, R (Go to HUI\_Q06)

HUI\_Q05 **[Are/Is] [you/he/she] usually able to see well enough to recognize a friend**  
HUIIn\_05 **on the other side of the street with glasses or contact lenses?**

- 1 Yes
- 2 No  
DK, R

Hearing

HUI\_Q06  
HUIIn\_06 **[Are/Is] [you/FNAME] usually able to hear what is said in a group conversation with at least 3 other people without a hearing aid?**

- 1 Yes (Go to HUI\_Q10)
- 2 No  
DK, R (Go to HUI\_Q10)

HUI\_Q07  
HUIIn\_07 **[Are/Is] [you/he/she] usually able to hear what is said in a group conversation with at least 3 other people with a hearing aid?**

- 1 Yes (Go to HUI\_Q08)
- 2 No  
DK, R

HUI\_Q07A  
HUIIn\_07A **[Are/Is] [you/he/she] able to hear at all?**

- 1 Yes
- 2 No (Go to HUI\_Q10)  
DK, R (Go to HUI\_Q10)

HUI\_Q08  
HUIIn\_08 **[Are/Is] [you/he/she] usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid ?**

- 1 Yes (Go to HUI\_Q10)
- 2 No  
DK  
R (Go to HUI\_Q10)

HUI\_Q09  
HUIIn\_09 **[Are/Is] [you/he/she] usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?**

- 1 Yes
- 2 No  
DK, R

Speech

HUI\_Q10  
HUIIn\_10 **[Are/Is] [you/FNAME] usually able to be understood completely when speaking with strangers in [your/his/her] own language?**

- 1 Yes (Go to HUI\_Q14)
- 2 No  
DK  
R (Go to HUI\_Q14)

HUI\_Q11  
HUIIn\_11 **[Are/Is] [you/he/she] able to be understood partially when speaking with strangers?**

- 1 Yes
- 2 No  
DK, R

HUI\_Q12  
HUIIn\_12      **[Are/Is] [you/he/she] able to be understood completely when speaking with those who know [you/him/her] well?**

- 1      Yes                      (Go to HUI\_Q14)
- 2      No  
         DK  
         R                      (Go to HUI\_Q14)

HUI\_Q13  
HUIIn\_13      **[Are/Is] [you/he/she] able to be understood partially when speaking with those who know [you/him/her] well?**

- 1      Yes
- 2      No  
         DK, R

Getting Around

HUI\_Q14  
HUIIn\_14      **[Are/Is] [you/FNAME] usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?**

- 1      Yes                      (Go to HUI\_Q21)
- 2      No  
         DK, R                      (Go to HUI\_Q21)

HUI\_Q15  
HUIIn\_15      **[Are/Is] [you/he/she] able to walk at all?**

- 1      Yes
- 2      No                      (Go to HUI\_Q18)  
         DK, R                      (Go to HUI\_Q18)

HUI\_Q16  
HUIIn\_16      **[Do/Does] [you/he/she] require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?**

- 1      Yes
- 2      No  
         DK, R

HUI\_Q17  
HUIIn\_17      **[Do/Does] [you/he/she] require the help of another person to be able to walk?**

- 1      Yes
- 2      No  
         DK, R

HUI\_Q18  
HUIIn\_18      **[Do/Does] [you/he/she] require a wheelchair to get around?**

- 1      Yes
- 2      No                      (Go to HUI\_Q21)  
         DK, R                      (Go to HUI\_Q21)

HUI\_Q19 **How often [do/does] [you/he/she] use a wheelchair?**

HUIIn\_19 **INTERVIEWER:** Read categories to respondent.

- 1 **Always**
- 2 **Often**
- 3 **Sometimes**
- 4 **Never**
- DK R

HUI\_Q20 **[Do/Does] [you/he/she] need the help of another person to get around in the wheelchair?**

HUIIn\_20

- 1 Yes
- 2 No
- DK, R

Hands and Fingers

HUI\_Q21 **[Are/Is] [you/FNAME] usually able to grasp and handle small objects such as a pencil or scissors?**

HUIIn\_21

- 1 Yes (Go to HUI\_Q25)
- 2 No (Go to HUI\_Q25)
- DK, R (Go to HUI\_Q25)

HUI\_Q22 **[Do/Does] [you/he/she] require the help of another person because of limitations in the use of hands or fingers?**

HUIIn\_22

- 1 Yes
- 2 No (Go to HUI\_Q24)
- DK, R (Go to HUI\_Q24)

HUI\_Q23 **[Do/Does] [you/he/she] require the help of another person with:**

HUIIn\_23 **INTERVIEWER:** Read categories to respondent.

- 1 **... some tasks?**
- 2 **... most tasks?**
- 3 **... almost all tasks?**
- 4 **... all tasks?**
- DK, R

HUI\_Q24 **[Do/Does] [you/he/she] require special equipment, for example, devices to assist in dressing, because of limitations in the use of hands or fingers?**

HUIIn\_24

- 1 Yes
- 2 No
- DK, R



Feelings

HUI\_Q25  
HUIIn\_25

**Would you describe [yourself/FNAME] as being usually:**

INTERVIEWER: Read categories to respondent.

- 1 ... happy and interested in life?
  - 2 ... somewhat happy?
  - 3 ... somewhat unhappy?
  - 4 ... unhappy with little interest in life?
  - 5 ... so unhappy that life is not worthwhile?
- DK, R

Memory

HUI\_Q26  
HUIIn\_26

**How would you describe [your/his/her] usual ability to remember things?**

INTERVIEWER: Read categories to respondent.

- 1 **Able to remember most things**
  - 2 **Somewhat forgetful**
  - 3 **Very forgetful**
  - 4 Unable to remember anything at all
- DK, R

Thinking

HUI\_Q27  
HUIIn\_27

**How would you describe [your/his/her] usual ability to think and solve day-to-day problems?**

INTERVIEWER: Read categories to respondent.

- 1 **Able to think clearly and solve problems**
  - 2 **Having a little difficulty**
  - 3 **Having some difficulty**
  - 4 **Having a great deal of difficulty**
  - 5 Unable to think or solve problems
- DK, R

Pain and Discomfort

HUI\_Q28  
HUIIn\_28

**[Are/Is] [you/FNAME] usually free of pain or discomfort?**

- 1 Yes (Go to HUI\_END)
  - 2 No (Go to HUI\_END)
- DK, R (Go to HUI\_END)

HUI\_Q29  
HUIIn\_29

**How would you describe the usual intensity of [your/his/her] pain or discomfort?**

INTERVIEWER: Read categories to respondent.

- 1 **Mild**
  - 2 **Moderate**
  - 3 **Severe**
- DK, R

HUI\_Q30  
HUIIn\_30

**How many activities does [your/his/her] pain or discomfort prevent?**

INTERVIEWER: Read categories to respondent.

- 1     **None**
  - 2     **A few**
  - 3     **Some**
  - 4     **Most**
- DK, R

HUI\_END

FOR INFORMATION ONLY

## SATISFACTION WITH LIFE (SWL)

SWL\_C1 If (do SWL block = 2), go to SWL\_END.  
SWLnFDO Otherwise, go to SWL\_C2.

SWL\_C2 If proxy interview, go to SWL\_END.  
Otherwise, go to SWL\_QINT.

SWL\_QINT **Now I'd like to ask about your satisfaction with various aspects of your life. For each question, please tell me whether you are very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied.**  
**INTERVIEWER:** Press <Enter> to continue.

SWL\_Q02 **How satisfied are you with your job or main activity?**

SWLn\_02

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- DK
- R (Go to SWL\_END)

SWL\_Q03 **How satisfied are you with your leisure activities?**

SWLn\_03

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- DK, R

SWL\_Q04 **(How satisfied are you) with your financial situation?**

SWLn\_04

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- DK, R

SWL\_Q05 **How satisfied are you with yourself?**

SWLn\_05

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- DK, R

SWL\_Q06  
SWLn\_06

**How satisfied are you with the way your body looks?**

- 1 Very satisfied
  - 2 Satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Dissatisfied
  - 5 Very dissatisfied
- DK, R

SWL\_Q07  
SWLn\_07

**How satisfied are you with your relationships with other family members?**

- 1 Very satisfied
  - 2 Satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Dissatisfied
  - 5 Very dissatisfied
- DK, R

SWL\_Q08  
SWLn\_08

**(How satisfied are you) with your relationships with friends?**

- 1 Very satisfied
  - 2 Satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Dissatisfied
  - 5 Very dissatisfied
- DK, R

SWL\_Q09  
SWLn\_09

**(How satisfied are you) with your housing?**

- 1 Very satisfied
  - 2 Satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Dissatisfied
  - 5 Very dissatisfied
- DK, R

SWL\_Q10  
SWLn\_10

**(How satisfied are you) with your neighbourhood?**

- 1 Very satisfied
  - 2 Satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Dissatisfied
  - 5 Very dissatisfied
- DK, R

SWL\_END

## STRESS - SOURCES (STS)

January 28, 2004

STS\_BEG

STS\_C1        If (do STS block = 1), go to STS\_C2.  
                 Otherwise, go to STS\_END.

STS\_C2        If proxy interview, go to STS\_END.  
                 Otherwise, go to STS\_R1.

STS\_R1        **Now a few questions about the stress in your life.**  
INTERVIEWER: Press <Enter> to continue.

STS\_Q1        **In general, how would you rate your ability to handle unexpected and difficult problems, for example, a family or personal crisis? Would you say your ability is:**  
INTERVIEWER: Read categories to respondent.

- 1        ... excellent?
  - 2        ... very good?
  - 3        ... good?
  - 4        ... fair?
  - 5        ... poor?
- DR, R        (Go to STS\_END)

STS\_Q2        **In general, how would you rate your ability to handle the day-to-day demands in your life, for example, handling work, family and volunteer responsibilities? Would you say your ability is:**  
INTERVIEWER: Read categories to respondent.

- 1        ... excellent?
  - 2        ... very good?
  - 3        ... good?
  - 4        ... fair?
  - 5        ... poor?
- DK, R

STS\_Q3 **Thinking about stress in your day-to-day life, what would you say is the most important thing contributing to feelings of stress you may have?**  
INTERVIEWER: Do not probe.

- 1 Time pressures / not enough time
- 2 Own physical health problem or condition
- 3 Own emotional or mental health problem or condition
- 4 Financial situation (e.g., not enough money, debt)
- 5 Own work situation (e.g., hours of work, working conditions)
- 6 School
- 7 Employment status (e.g., unemployment)
- 8 Caring for - own children
- 9 Caring for - others
- 10 Other personal or family responsibilities
- 11 Personal relationships
- 12 Discrimination
- 13 Personal and family's safety
- 14 Health of family members
- 15 Other - Specify
- 16 Nothing (Go to STS\_END)  
DK, R (Go to STS\_END)

STS\_C3S If STS\_Q3 = 15, go to STS\_Q3S.  
Otherwise, go to STS\_END.

STS\_Q3S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

STS\_END

## STRESS - COPING (STC)

January 28, 2004

STC\_BEG

STC\_C1        If (do STC block = 1), go to STC\_C2.  
                 Otherwise, go to STR\_END.

STC\_C2        If proxy interview, go to STC\_END.  
                 Otherwise, go to STC\_R1.

STC\_R1        **Now a few questions about coping with stress.**  
INTERVIEWER: Press <Enter> to continue.

STC\_Q1\_1      **People have different ways of dealing with stress. Thinking about the ways  
you deal with stress, please tell me how often you do each of the following.**

**How often do you try to solve the problem?**  
INTERVIEWER: Read categories to respondent.

- 1        **Often**
  - 2        **Sometimes**
  - 3        **Rarely**
  - 4        **Never**
- DK, R        (Go to STC\_END)

STC\_Q1\_2      **To deal with stress, how often do you talk to others?**

- 1        Often
  - 2        Sometimes
  - 3        Rarely
  - 4        Never
- DK, R

STC\_Q1\_3      **When dealing with stress, how often do you avoid being with people?**

- 1        Often
  - 2        Sometimes
  - 3        Rarely
  - 4        Never
- DK, R

STC\_Q1\_4      **How often do you sleep more than usual to deal with stress?**

- 1        Often
  - 2        Sometimes
  - 3        Rarely
  - 4        Never
- DK, R

STC\_Q1\_5A **When dealing with stress, how often do you try to feel better by eating more, or less, than usual?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, R

STC\_Q1\_5B **When dealing with stress, how often do you try to feel better by smoking more cigarettes than usual?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Do not smoke
- DK, R

STC\_Q1\_5C **When dealing with stress, how often do you try to feel better by drinking alcohol?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, R

STC\_Q1\_5D **When dealing with stress, how often do you try to feel better by using drugs or medication?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, R

STC\_Q1\_6 **How often do you jog or do other exercise to deal with stress?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, R

STC\_Q1\_7 **How often do you pray or seek spiritual help to deal with stress?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, R



STC\_Q1\_8 **To deal with stress, how often do you try to relax by doing something enjoyable?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, R

STC\_Q1\_9 **To deal with stress, how often do you try to look on the bright side of things?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, R

STC\_Q1\_10 **How often do you blame yourself?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, R

STC\_Q1\_11 **To deal with stress, how often do you wish the situation would go away or somehow be finished?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, R

STC\_END

## ONGOING PROBLEMS (OGP)

OGP\_BEG

OGP\_C1A If (do OGP block) = 1, go to OGP\_C1B.  
Otherwise, go to OGP\_END.

OGP\_C1B If proxy interview or age < 18, go to OGP\_END.  
Otherwise, go to OGP\_R1.

OGP\_R1 **The next part of the questionnaire deals with different kinds of stress. Although the questions may seem repetitive, they are related to various aspects of a person's physical, emotional and mental health.**  
INTERVIEWER: Press <Enter> to continue.

OGP\_R2 **I'll start by describing situations that sometimes come up in people's lives. As there are no right or wrong answers, the idea is to choose the answer best suited to your personal situation. I'd like you to tell me if these things are true for you at this time by answering 'true' if it applies to you now or 'false' if it does not.**  
INTERVIEWER: Press <Enter> to continue.

OGP\_Q101 **You are trying to take on too many things at once.**

- 1 True
- 2 False
- DK
- R (Go to OGP\_END)

OGP\_Q102 **There is too much pressure on you to be like other people.**

- 1 True
- 2 False
- DK, R

OGP\_Q103 **Too much is expected of you by others.**

- 1 True
- 2 False
- DK, R

OGP\_Q104 **You don't have enough money to buy the things you need.**

- 1 True
- 2 False
- DK, R

OGP\_C105 If marital status = married or living common-law, go to OGP\_Q105. If marital status = single, widowed, separated or divorced, go to OGP\_Q108. Otherwise (i.e. marital status is unknown), go to OGP\_Q109.

OGP\_Q105 **Your partner doesn't understand you.**

- 1 True
- 2 False  
DK, R

OGP\_Q106 **Your partner doesn't show enough affection.**

- 1 True
- 2 False  
DK, R

OGP\_Q107 **Your partner is not committed enough to your relationship.**

- 1 True
- 2 False  
DK, R

Go to OGP\_Q109

OGP\_Q108 **You find it is very difficult to find someone compatible with you.**

- 1 True
- 2 False  
DK, R

OGP\_Q109 **Do you have any children?**

- 1 Yes
- 2 No (Go to OGP\_Q112)  
DK, R (Go to OGP\_Q112)

OGP\_Q110 **Remember, I want to know if you feel any of these statements are true for you at this time.**

**One of your children seems very unhappy.**

- 1 True
- 2 False  
DK, R

OGP\_Q111 **A child's behaviour is a source of serious concern to you.**

- 1 True
- 2 False  
DK, R

OGP\_Q112 **Your work around the home is not appreciated.**

- 1 True
- 2 False  
DK, R

OGP\_Q113 **Your friends are a bad influence.**

- 1 True
- 2 False  
DK, R

OGP\_Q114 **You would like to move but you cannot.**

- 1 True
- 2 False  
DK, R

OGP\_Q115 **Your neighbourhood or community is too noisy or too polluted.**

- 1 True
- 2 False  
DK, R

OGP\_Q116 **You have a parent, a child or a partner who is in very bad health and may die.**

- 1 True
- 2 False  
DK, R

OGP\_Q117 **Someone in your family has an alcohol or drug problem.**

- 1 True
- 2 False  
DK, R

OGP\_Q118 **People are too critical of you or what you do.**

- 1 True
- 2 False  
DK, R

OGP\_END

## RECENT LIFE EVENTS (RLE)

RLE\_C100 If (do RLE block) = 2, go to RLE\_END.  
RLEnFDO Otherwise, go to RLE\_C200.

RLE\_C200 If proxy interview or age < 18, go to RLE\_END.  
Otherwise, go to RLE\_C201.

RLE\_C201 If (do OGP block) = 2, go to RLE\_QINT1.  
Otherwise, go to RLE\_QINT2.

RLE\_QINT1 **The next part of the questionnaire deals with different kinds of stress. Although the questions may seem repetitive, they are related to various aspects of a person's physical, emotional and mental health.**  
INTERVIEWER: Press <Enter> to continue.

RLE\_QINT2 **Now I'd like to ask you about some things that may have happened in the past 12 months, that is, from [date one year ago] to yesterday. Some of these experiences happen to most people at one time or another, while some happen to only a few. First, I'd like to ask about yourself or anyone close to you (that is, your spouse or partner, children, relatives or close friends).**  
INTERVIEWER: Press <Enter> to continue.

RLE\_Q201 **In the past 12 months, was any one of you beaten up or physically attacked?**  
RLEn\_201

- 1 Yes
- 2 No
- DK
- R (Go to RLE\_END)

RLE\_Q202 **Now I'd like you to think just about your family, that is, yourself and your spouse/partner or children, if any.**  
RLEn\_202

**In the past 12 months, did [someone/you or someone] in your family, have an unwanted pregnancy?**

- 1 Yes
- 2 No
- DK, R

RLE\_Q203 **In the past 12 months, did [someone/you or someone] in your family have an abortion or miscarriage?**  
RLEn\_203

- 1 Yes
- 2 No
- DK, R

- RLE\_Q204  
RLEn\_204      **In the past 12 months, did you or someone in your family have a major financial crisis?**
- 1      Yes  
2      No  
         DK, R
- RLE\_Q205  
RLEn\_205      **In the past 12 months, did you or someone in your family fail school or a training program?**
- 1      Yes  
2      No  
         DK, R
- RLE\_C206      If marital status = married or living common-law, include the phrase “or your partner” in RLE\_Q206 and RLE\_Q207.
- RLE\_Q206  
RLEn\_206      **Now I’d like you to think just about yourself [and your spouse or partner].**  
**In the past 12 months, did you [or your partner] experience a change of job for a worse one?**
- 1      Yes  
2      No  
         DK, R
- RLE\_Q207  
RLEn\_207      **In the past 12 months, were you [or your partner] demoted at work or did [you / either of you] take a cut in pay?**
- 1      Yes  
2      No  
         DK, R
- RLE\_C208      If marital status = married or living common-law, ask RLE\_Q208. Otherwise, go to RLE\_Q209.
- RLE\_Q208  
RLEn\_208      **In the past 12 months, did you have increased arguments with your partner?**
- 1      Yes  
2      No  
         DK, R
- RLE\_Q209  
RLEn\_209      **Now, just you personally, in the past 12 months, did you go on welfare?**
- 1      Yes  
2      No  
         DK, R
- RLE\_C210      If OGP\_Q109 = 1 (has children), go to RLE\_Q211. If (do OGP block) = 2, go to RLE\_Q210.  
Otherwise, go to RLE\_END.

RLE\_Q210  
RLEn\_210

**Do you have any children?**

- 1 Yes
- 2 No (Go to RLE\_END)  
DK, R (Go to RLE\_END)

RLE\_Q211  
RLEn\_211

**In the past 12 months, did you have a child move back into the house?**

- 1 Yes
- 2 No  
DK, R

RLE\_END

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## CHILDHOOD AND ADULT STRESSORS (CST)

February 5, 2004

CST\_BEG

CST\_C1 If (do CST block = 1) go to CST\_C2.  
Otherwise, go to CST\_END.

CST\_C2 If proxy interview or age < 18, go to CST\_END.  
Otherwise, go to CST\_R1.

CST\_R1 **The next few questions ask about some things that may have happened to you while you were a child or a teenager, before you moved out of the house. Please tell me if any of these things have happened to you.**  
INTERVIEWER: Press <Enter> to continue.

CST\_Q1 **Did you spend 2 weeks or more in the hospital?**

- 1 Yes
- 2 No
- DK
- R (Go to CST\_END)

CST\_Q2 **Did your parents get a divorce?**

- 1 Yes
- 2 No
- DK, R

CST\_Q3 **Did your father or mother not have a job for a long time when they wanted to be working?**

- 1 Yes
- 2 No
- DK, R

CST\_Q4 **Did something happen that scared you so much you thought about it for years after?**

- 1 Yes
- 2 No
- DK, R

CST\_Q5 **Were you sent away from home because you did something wrong?**

- 1 Yes
- 2 No
- DK, R



CST\_Q6      **Did either of your parents drink or use drugs so often that it caused problems for the family?**

- 1      Yes
- 2      No  
         DK, R

CST\_Q7      **Were you ever physically abused by someone close to you?**

- 1      Yes
- 2      No  
         DK, R

CST\_END

FOR INFORMATION ONLY

## WORK STRESS (WST)

January 7, 2004

WST\_BEG

WST\_C1 If (do WST block) = 1, go to WST\_C2.  
Otherwise, go to WST\_END.

WST\_C2 If proxy interview, go to WST\_END.  
Otherwise, go to WST\_C3.

WST\_C3 If age < 15 or > 75, or if GEN\_Q08 <> 1 (respondent didn't work in past 12 months), go to WST\_END.  
Otherwise, go to WST\_QINT4.

WST\_R01 **The next few questions are about your main job or business in the past 12 months. I'm going to read you a series of statements that might describe your job situation. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**  
INTERVIEWER: Press <Enter> to continue.

WST\_Q401 **Your job required that you learn new things.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK
- R (Go to WST\_END)

WST\_Q402 **Your job required a high level of skill.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

WST\_Q403 **Your job allowed you freedom to decide how you did your job.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

WST\_Q404 **Your job required that you do things over and over.**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

WST\_Q405 **Your job was very hectic.**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

WST\_Q406 **You were free from conflicting demands that others made.**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

WST\_Q407 **Your job security was good.**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

WST\_Q408 **Your job required a lot of physical effort.**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

WST\_Q409 **You had a lot to say about what happened in your job.**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

WST\_Q410 **You were exposed to hostility or conflict from the people you worked with.**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

WST\_Q411 **Your supervisor was helpful in getting the job done.**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

WST\_Q412 **The people you worked with were helpful in getting the job done.**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

WST\_Q412A **You had the materials and equipment you needed to do your job.**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

WST\_Q413 **How satisfied were you with your job?**

INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
  - 2 **Somewhat satisfied**
  - 3 **Not too satisfied**
  - 4 **Not at all satisfied**
- DK, R

WST\_END

## SELF-ESTEEM (SFE)

SFE\_C500A If (do SFE block = 2), go to SFE\_END.  
SFE<sub>n</sub>FDO Otherwise, go to SFE\_C500B.

SFE\_C500B If proxy interview, go to SFE\_END.  
Otherwise, go to SFE\_QINT5.

SFE\_QINT5 **Now I am going to read you a series of statements that people might use to describe themselves. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**  
INTERVIEWER: Press <Enter> to continue.

SFE\_Q501 **You feel that you have a number of good qualities.**  
SFE<sub>n</sub>\_501

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK  
R (Go to SFE\_END)

SFE\_Q502 **You feel that you're a person of worth at least equal to others.**  
SFE<sub>n</sub>\_502

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

SFE\_Q503 **You are able to do things as well as most other people.**  
SFE<sub>n</sub>\_503

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

SFE\_Q504 **You take a positive attitude toward yourself.**  
SFE<sub>n</sub>\_504

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

SFE\_Q505  
SFEEn\_505

**On the whole you are satisfied with yourself.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

SFE\_Q506  
SFEEn\_506

**All in all, you're inclined to feel you're a failure.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

SFE\_END

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## MASTERY (MAS)

MAS\_C600A If (do MAS block = 2), go to MAS\_END.  
MASnFDO Otherwise, go to MAS\_C600B.

MAS\_C600B If proxy interview, go to MAS\_END.  
Otherwise, go to MAS\_C600C.

MAS\_C600C If (do SFE block = 1), go to MAS\_Q601.  
Otherwise, go to MAS\_QINT6.

MAS\_QINT6 **Now I am going to read you a series of statements that people might use to describe themselves. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**  
INTERVIEWER: Press <Enter> to continue.

MAS\_Q601 **You have little control over the things that happen to you.**  
MASn\_601

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK  
R (Go to MAS\_END)

MAS\_Q602 **There is really no way you can solve some of the problems you have.**  
MASn\_602

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

MAS\_Q603 **There is little you can do to change many of the important things in your life.**  
MASn\_603

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

MAS\_Q604 **You often feel helpless in dealing with problems of life.**  
MASn\_604

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

MAS\_Q605  
MASn\_605

**Sometimes you feel that you are being pushed around in life.**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

MAS\_Q606  
MASn\_606

**What happens to you in the future mostly depends on you.**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

MAS\_Q607  
MASn\_607

**You can do just about anything you really set your mind to.**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- DK, R

MAS\_END



## SMOKING (SMK)

SMK\_C1 If (do SMK block = 2), go to SMK\_END.  
SMK<sub>n</sub>FDO Otherwise, go to SMK\_QINT.

SMK\_QINT **The next questions are about smoking.**  
INTERVIEWER: Press <Enter> to continue.

SMK\_Q201A **In [your/his/her] lifetime, [have/has] [you/FNAME] smoked a total of 100 or**  
SMK<sub>n</sub>\_01A **more cigarettes (about 4 packs)?**

- 1 Yes (Go to SMK\_Q201C)
- 2 No  
DK, R

SMK\_Q201B **[Have/Has] [you/he/she] ever smoked a whole cigarette?**  
SMK<sub>n</sub>\_01B

- 1 Yes (Go to SMK\_Q201C)
- 2 No (Go to SMK\_Q202)  
DK (Go to SMK\_Q202)  
R

SMK\_C201C If SMK\_Q201A = R and SMK\_Q201B = R, go to SMK\_END.  
Otherwise, go to SMK\_Q202.

SMK\_Q201C **At what age did [you/he/she] smoke [your/his/her] first whole cigarette?**  
SMK<sub>n</sub>\_01C INTERVIEWER: Minimum is 5; maximum is [current age].

\_|\_|\_| Age in years  
(MIN: 5) (MAX: current age)  
DK, R (Go to SMK\_Q202)

SMK\_E201C If SMK\_Q201C >= 5 and SMK\_Q201C <= current age, go to SMK\_Q202.  
Otherwise, show pop-up edit as follows.

**The entered age at which the respondent first smoked a whole cigarette is invalid. Please return and correct.**

SMK\_Q202 **At the present time, [do/does] [you/FNAME] smoke cigarettes daily,**  
SMK<sub>n</sub>\_202 **occasionally or not at all?**

- 1 Daily
- 2 Occasionally (Go to SMK\_Q205B)
- 3 Not at all (Go to SMK\_C205D)  
DK, R (Go to SMK\_END)

Daily smoker (current)

SMK\_Q203 **At what age did [you/he/she] begin to smoke cigarettes daily?**  
SMK<sub>n</sub>\_203 INTERVIEWER: Minimum is 5; maximum is [current age].

\_|\_|\_| Age in years  
(MIN: 5) (MAX: current age)  
DK, R (Go to SMK\_Q204)

SMK\_E203 If SMK\_Q203 >= 5 and SMK\_Q203 <= current age, go to SMK\_Q204.  
Otherwise, show pop-up edit as follows.

**The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.**

SMK\_Q204 **How many cigarettes [do/does] [you/he/she] smoke each day now?**

SMK<sub>n</sub>\_204

|\_| Cigarettes  
(MIN: 1) (MAX: 99; warning after 60)  
DK, R

Go to SMK\_END

Occasional smoker (current)

SMK\_Q205B **On the days that [you/FNAME] [do/does] smoke, how many cigarettes**  
SMK<sub>n</sub>\_05B **[do/does] [you/he/she] usually smoke?**

|\_| Cigarettes  
(MIN: 1) (MAX: 99; warning after 60)  
DK, R

SMK\_Q205C **In the past month, on how many days [have/has] [you/he/she] smoked 1 or**  
SMK<sub>n</sub>\_05C **more cigarettes?**

|\_| Days  
(MIN: 0) (MAX: 30)  
DK, R

SMK\_C205D If SMK\_Q201A <> 1 (has not smoked 100 or more cigarettes lifetime),  
go to SMK\_END.  
Otherwise, go to SMK\_Q205D.

Occasional smoker or non-smoker (current)

SMK\_Q205D **[Have/Has] [you/he/she] ever smoked cigarettes daily?**

SMK<sub>n</sub>\_05D

1 Yes (Go to SMK\_Q207)  
2 No  
DK, R (Go to SMK\_END)

SMK\_C206A If SMK\_Q202 = 2 (current occasional smoker), go to SMK\_END.

Non-smoker (current)

SMK\_Q206A **When did [you/he/she] stop smoking? Was it:**

SMK<sub>n</sub>\_06A

INTERVIEWER: Read categories to respondent.

1 ... less than one year ago?  
2 ... 1 year to less than 2 years ago? (Go to SMK\_END)  
3 ... 2 years to less than 3 years ago? (Go to SMK\_END)  
4 ... 3 or more years ago? (Go to SMK\_Q206C)  
DK, R (Go to SMK\_END)

SMK\_Q206B **In what month did [you/he/she] stop?**  
 SMK<sub>n</sub>\_06B

- |   |          |    |           |
|---|----------|----|-----------|
| 1 | January  | 7  | July      |
| 2 | February | 8  | August    |
| 3 | March    | 9  | September |
| 4 | April    | 10 | October   |
| 5 | May      | 11 | November  |
| 6 | June     | 12 | December  |
|   | DK, R    |    |           |

Go to SMK\_END

SMK\_Q206C **How many years ago was it?**  
 SMK<sub>n</sub>\_06C

INTERVIEWER: Minimum is 3; maximum is [current age - 5].

\_|\_|\_| Years  
 (MIN: 3) (MAX: current age-5)  
 DK, R (Go to SMK\_END)

SMK\_E206C If SMK\_Q206C >= 3 and SMK\_Q206C <= current age-5, go to SMK\_END.  
 Otherwise, show pop-up edit as follows.

**The number of years ago that the respondent stopped smoking is invalid.  
 Please return and correct.**

Occasional smoker or non-smoker (current) – Daily smoker (previously)

SMK\_Q207 **At what age did [you/he/she] begin to smoke (cigarettes) daily?**  
 SMK<sub>n</sub>\_207

INTERVIEWER: Minimum is 5; maximum is [current age].

\_|\_|\_| Age in years  
 (MIN: 5) (MAX: current age)

DK, R (Go to SMK\_Q208)

SMK\_E207 If SMK\_Q207 >= 5 and SMK\_Q207 <= current age, go to SMK\_Q208.  
 Otherwise, show pop-up edit as follows.

**The entered age at which the respondent first began to smoke cigarettes daily  
 is invalid.  
 Please return and correct.**

SMK\_Q208 **How many cigarettes did [you/he/she] usually smoke each day?**  
 SMK<sub>n</sub>\_208

\_|\_| Cigarettes  
 (MIN: 1) (MAX: 99; warning after 60)  
 DK, R

SMK\_Q209A **When did [you/he/she] stop smoking daily? Was it:**  
 SMK<sub>n</sub>\_09A

INTERVIEWER: Read categories to respondent.

- |   |                                       |                   |
|---|---------------------------------------|-------------------|
| 1 | ... less than one year ago?           |                   |
| 2 | ... 1 year to less than 2 years ago?  | (Go to SMK_C210)  |
| 3 | ... 2 years to less than 3 years ago? | (Go to SMK_C210)  |
| 4 | ... 3 or more years ago?              | (Go to SMK_Q209C) |
|   | DK, R                                 | (Go to SMK_END)   |

SMK\_Q209B **In what month did [you/he/she] stop?**  
 SMK<sub>n</sub>\_09B

- |   |          |    |           |
|---|----------|----|-----------|
| 1 | January  | 7  | July      |
| 2 | February | 8  | August    |
| 3 | March    | 9  | September |
| 4 | April    | 10 | October   |
| 5 | May      | 11 | November  |
| 6 | June     | 12 | December  |
|   | DK, R    |    |           |

Go to SMK\_C210

SMK\_Q209C **How many years ago was it?**  
 SMK<sub>n</sub>\_09C INTERVIEWER: Minimum is 3; maximum is [current age-5].

|\_|\_| Years  
 (MIN: 3) (MAX: current age-5)  
 DK, R (Go to SMK\_C210)

SMK\_E209C If SMK\_Q209C >= 3 and SMK\_Q209C <= current age-5, go to SMK\_C210.  
 Otherwise, show pop-up edit as follows.

**The number of years ago that the respondent stopped smoking daily is invalid. Please return and correct.**

SMK\_C210 If SMK\_Q202 = 2 (current occasional smoker), go to SMK\_END.

Non-smoker (current)

SMK\_Q210 **Was that when [you/he/she] completely quit smoking?**  
 SMK<sub>n</sub>\_10

- |   |       |                 |
|---|-------|-----------------|
| 1 | Yes   | (Go to SMK_END) |
| 2 | No    |                 |
|   | DK, R | (Go to SMK_END) |

SMK\_Q210A **When did [you/he/she] stop smoking completely? Was it:**  
 SMK<sub>n</sub>\_10A INTERVIEWER: Read categories to respondent.

- |   |                                       |                   |
|---|---------------------------------------|-------------------|
| 1 | ... less than one year ago?           |                   |
| 2 | ... 1 year to less than 2 years ago?  | (Go to SMK_END)   |
| 3 | ... 2 years to less than 3 years ago? | (Go to SMK_END)   |
| 4 | ... 3 or more years ago?              | (Go to SMK_Q210C) |
|   | DK, R                                 | (Go to SMK_END)   |

SMK\_Q210B **In what month did [you/he/she] stop?**  
 SMK<sub>n</sub>\_10B

- |   |          |    |           |
|---|----------|----|-----------|
| 1 | January  | 7  | July      |
| 2 | February | 8  | August    |
| 3 | March    | 9  | September |
| 4 | April    | 10 | October   |
| 5 | May      | 11 | November  |
| 6 | June     | 12 | December  |
|   | DK, R    |    |           |

Go to SMK\_END

SMK\_Q210C **How many years ago was it?**  
SMKn\_10C INTERVIEWER: Minimum is 3; maximum is [current age-5].

||| Years  
(MIN: 3) (MAX: current age-5)  
DK, R (Go to SMK\_END)

SMK\_E210C If SMK\_Q210C >= 3 and SMK\_Q210C <= current age-5, go to SMK\_END.  
Otherwise, show pop-up edit as follows.

**The number of years ago that the respondent completely stopped smoking is invalid. Please return and correct.**

SMK\_END

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**SMOKING - STAGES OF CHANGE (SCH)**

SCH\_C1 If (do SCH block = 2), go to SCH\_END.  
 SCHnFDO Otherwise, go to SCH\_C2.

SCH\_C2 If SMK\_Q202 = 1 or 2 (current daily or occasional smokers), go to SCH\_C3.  
 Otherwise, go to SCH\_END.

SCH\_C3 If proxy interview, go to SCH\_END.  
 Otherwise, go to SCH\_Q1.

SCH\_Q1 **Are you seriously considering quitting smoking within the next 6 months?**  
 SCHn\_1

- 1 Yes
- 2 No (Go to SCH\_Q3)  
 DK, R (Go to SCH\_Q3)

SCH\_Q2 **Are you seriously considering quitting within the next 30 days?**  
 SCHn\_2

- 1 Yes
- 2 No  
 DK, R

SCH\_Q3 **In the past 12 months, did you stop smoking for at least 24 hours because  
 you were trying to quit?**  
 SCHn\_3

- 1 Yes
- 2 No (Go to SCH\_END)  
 DK, R (Go to SCH\_END)

SCH\_Q4 **How many times? (in the past 12 months, did you stop smoking for at least  
 24 hours because you were trying to quit)**  
 SCHn\_4

||| Times  
 (MIN: 1) (MAX: 95; warning after 48)  
 DK, R

SCH\_END

## NICOTINE DEPENDENCE (NDE)

NDE\_C1      If (do NDE block = 2), go to NDE\_END.  
NDEnFDO      Otherwise, go to NDE\_C2.

NDE\_C2      If SMK\_Q202 = 1 (current daily smokers), go to NDE\_C3.  
Otherwise, go to NDE\_END.

NDE\_C3      If proxy interview, go to NDE\_END.  
Otherwise, go to NDE\_Q1.

NDE\_Q1      **How soon after you wake up do you smoke your first cigarette?**

NDEn\_1

- 1      Within 5 minutes
  - 2      6 - 30 minutes after waking
  - 3      31 - 60 minutes after waking
  - 4      More than 60 minutes after waking
- DK, R (Go to NDE\_END)

NDE\_Q2      **Do you find it difficult to refrain from smoking in places where it is forbidden?**

NDEn\_2

- 1      Yes
  - 2      No
- DK, R

NDE\_Q3      **Which cigarette would you most hate to give up?**

NDEn\_3

INTERVIEWER: Read categories to respondent.

- 1      **The first one of the day**
  - 2      **Another one**
- DK, R

NDE\_Q4      **Do you smoke more frequently during the first hours after waking, compared with the rest of the day?**

NDEn\_4

- 1      Yes
  - 2      No
- DK, R

NDE\_Q5      **Do you smoke even if you are so ill that you are in bed most of the day?**

NDEn\_5

- 1      Yes
  - 2      No
- DK, R

NDE\_END

## SMOKING CESSATION AIDS (SCA)

- SCA\_C1 If (do SCA block = 1), go to SCA\_C10A.  
Otherwise, go to SCA\_END.
- SCA\_C10A If proxy interview, go to SCA\_END.  
Otherwise, go to SCA\_C10B.
- SCA\_C10B If SMK\_Q202 = 1 or 2 (current daily or occasional smoker), go to SCA\_C50.  
Otherwise, go to SCA\_C10C.
- SCA\_C10C If SMK\_Q206A = 1 or SMK\_Q209A = 1 (former smoker who quit less than 1 year ago), go to SCA\_Q10.  
Otherwise, go to SCA\_END.
- SCA\_Q10 **In the past 12 months, did you try a nicotine patch to quit smoking?**
- 1 Yes  
2 No (Go to SCA\_Q11)  
DK, R (Go to SCA\_END)
- SCA\_Q10A **How useful was that in helping you quit?**
- 1 Very useful  
2 Somewhat useful  
3 Not very useful  
4 Not useful at all  
DK, R
- SCA\_Q11 **Did you try Nicorettes or other nicotine gum or candy to quit smoking? (in the past 12 months)**
- 1 Yes  
2 No (Go to SCA\_Q12)  
DK, R (Go to SCA\_Q12)
- SCA\_Q11A **How useful was that in helping you quit?**
- 1 Very useful  
2 Somewhat useful  
3 Not very useful  
4 Not useful at all  
DK, R
- SCA\_Q12 **In the past 12 months, did you try medication such as Zyban, Prolev or Wellbutrin to quit smoking?**
- 1 Yes  
2 No (Go to SCA\_END)  
DK, R (Go to SCA\_END)



SCA\_Q12A     **How useful was that in helping you quit?**

- 1     Very useful
  - 2     Somewhat useful
  - 3     Not very useful
  - 4     Not useful at all
- DK, R

Go to SCA\_END

SCA\_C50     If (do SCH block = 2), go to SCA\_Q50.  
Otherwise, go to SCA\_C50A.

SCA\_C50A     If SCH\_Q3 = 1, go to SCA\_Q60.  
Otherwise, go to SCA\_END.

Note:         In processing, SCA\_Q50 set to 1 (yes) if SCH\_Q3 = 1.

SCA\_Q50     **In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?**

- 1     Yes
  - 2     No     (Go to SCA\_END)
- DK, R     (Go to SCA\_END)

SCA\_Q60     **In the past 12 months, did you try any of the following to quit smoking:**

**... a nicotine patch?**

- 1     Yes
  - 2     No
- DK, R

SCA\_Q61     **(In the past 12 months, did you try any of the following to quit smoking:)**

**... Nicorettes or other nicotine gum or candy?**

- 1     Yes
  - 2     No
- DK, R

SCA\_Q62     **(In the past 12 months, did you try any of the following to quit smoking:)**

**... medication such as Zyban, Prolev or Wellbutrin?**

- 1     Yes
  - 2     No
- DK, R

SCA\_END

## SMOKING - PHYSICIAN COUNSELLING (SPC)

- SPC\_C1  
SPCnFDO If (do SPC block = 2), go to SPC\_END.  
Otherwise, go to SPC\_C2.
- SPC\_C2 If proxy interview, go to SPC\_END.  
Otherwise, go to SPC\_C3A.
- SPC\_C3A If SMK\_Q202 = 1 or 2 (current daily or occasional smoker), use [smoke] in [smoke/smoked].  
If SMK\_Q206A = 1 or SMK\_Q209A = 1 (former smoker who quit less than 1 year ago), use [smoked] in [smoke/smoked].
- SPC\_C3 If SMK\_Q202 = 1 or 2 (current daily or occasional smoker), go to SPC\_C4.  
If SMK\_Q206A = 1 or SMK\_Q209A = 1 (former smoker who quit less than 1 year ago), go to SPC\_C4.  
Otherwise, go to SPC\_END.
- SPC\_C4 If (do HCU block = 1) and (HCU\_Q01AA = 1) (i.e. has a regular medical doctor), go to SPC\_Q10.  
Otherwise, go to SPC\_C20A.
- SPC\_Q10  
SPCn\_10 **Earlier, you mentioned having a regular medical doctor. In the past 12 months, did you go see this doctor?**
- 1 Yes  
2 No (Go to SPC\_C20A)  
DK, R (Go to SPC\_C20A)
- SPC\_Q11  
SPCn\_11 **Does your doctor know that you [smoke/smoked] cigarettes?**
- 1 Yes  
2 No (Go to SPC\_C20A)  
DK, R (Go to SPC\_C20A)
- SPC\_Q12  
SPCn\_12 **In the past 12 months, did your doctor advise you to quit smoking?**
- 1 Yes  
2 No  
DK, R (Go to SPC\_C20A)
- SPC\_Q13  
SPCn\_13 **(In the past 12 months,) did your doctor give you any specific help or information to quit smoking?**
- 1 Yes  
2 No (Go to SPC\_C20A)  
DK, R (Go to SPC\_C20A)

SPC\_Q14 **What type of help did the doctor give?**

INTERVIEWER: Mark all that apply.

- |          |   |  |
|----------|---|--|
| SPCn_14A | 1 | Referral to a one-on-one cessation program                           |
| SPCn_14B | 2 | Referral to a group cessation program                                |
| SPCn_14C | 3 | Recommended use of nicotine patch or nicotine gum                    |
| SPCn_14D | 4 | Recommended Zyban or other medication                                |
| SPCn_14E | 5 | Provided self-help information (e.g., pamphlet, referral to website) |
| SPCn_14F | 6 | Own doctor offered counselling                                       |
| SPCn_14G | 7 | Other  |
- DK, R

SPC\_C20A If (do DEN block = 1) and (DEN\_Q130 = 1 or DEN\_Q132 = 1) (visited dentist in past 12 months), go to SPC\_Q21.  
If (do DEN block = 1) and (DEN\_Q130 = 2, DK or R) (did not visit dentist in past 12 months), go to SPC\_END.  
Otherwise, go to SPC\_C20.

SPC\_C20 If (do HCU block = 1) and (HCU\_Q02E > 0 and HCU\_Q02E < 998) (saw or talked to dentist in past 12 months), go to SPC\_Q20.  
Otherwise, go to SPC\_END.

Note: SPC\_Q20 will be set to 1 (yes) if DEN\_Q130 = 1 or DEN\_Q132 = 1.

SPC\_Q20 **Earlier, you mentioned having “seen or talked to” a dentist in the past 12 months. Did you actually go to the dentist?**

SPCn\_20

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No (Go to SPC_END)    |
|   | DK, R (Go to SPC_END) |

SPC\_Q21 **Does your dentist or dental hygienist know that you [smoke/smoked] cigarettes?**

SPCn\_21

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No (Go to SPC_END)    |
|   | DK, R (Go to SPC_END) |

SPC\_Q22 **In the past 12 months, did the dentist or hygienist advise you to quit smoking?**

SPCn\_22

- |   |       |
|---|-------|
| 1 | Yes   |
| 2 | No    |
|   | DK, R |

SPC\_END

## YOUTH SMOKING (YSM)

YSM\_C1 If (do YSM block = 2), go to YSM\_END.  
 YSMnFDO Otherwise, go to YSM\_C1A.

YSM\_C1A If proxy interview or age greater than 19, go to YSM\_END.  
 Otherwise, go to YSM\_C1B.

YSM\_C1B If SMK\_Q202 = 1 or 2 (current daily or occasional smoker), go to YSM\_Q1.  
 Otherwise, go to YSM\_END.

YSM\_Q1 **Where do you usually get your cigarettes?**

YSMn\_1

- 1 Buy from - Vending machine
- 2 Buy from - Small grocery / corner store
- 3 Buy from - Supermarket
- 4 Buy from - Drug store
- 5 Buy from - Gas station
- 6 Buy from - Other store
- 7 Buy from - Friend or someone else
- 8 Given them by - Brother or sister
- 9 Given them by - Mother or father
- 10 Given them by - Friend or someone else
- 11 Take them from - Mother, father or sibling
- 12 Other - Specify  
 DK, R (Go to YSM\_END)

YSM\_C1S If YSM\_Q1 <> 12, go to YSM\_C2.  
 Otherwise, go to YSM\_Q1S.

YSM\_Q1S INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

YSM\_C2 If YSM\_Q1 = 1, 2, 3, 4, 5, 6 or 7, go to YSM\_Q3.  
 Otherwise, go to YSM\_Q2.

YSM\_Q2 **In the past 12 months, have you bought cigarettes for yourself or for someone else?**

YSMn\_2

- 1 Yes
- 2 No (Go to YSM\_Q5)  
 DK, R (Go to YSM\_Q5)

YSM\_Q3 **In the past 12 months, have you been asked your age when buying cigarettes in a store?**

YSMn\_3

- 1 Yes
- 2 No  
 DK, R

YSM\_Q4  
YSMn\_4

**In the past 12 months, has anyone in a store refused to sell you cigarettes?**

- 1 Yes
- 2 No  
DK, R

YSM\_Q5  
YSMn\_5

**In the past 12 months, have you asked a stranger to buy you cigarettes?**

- 1 Yes
- 2 No  
DK, R

YSM\_END

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## EXPOSURE TO SECOND-HAND SMOKE (ETS)

ETS\_C1 If (do ETS block = 2), go to ETS\_END.  
 ETSnFDO Otherwise, go to ETS\_QINT.

ETS\_QINT **The next questions are about exposure to second-hand smoke.**  
INTERVIEWER: Press <Enter> to continue.

ETS\_C10 If the number of household members = 1 and (SMK\_Q202 = 1 or 2), go to ETS\_Q30.  
 Otherwise, go to ETS\_Q10.

ETS\_Q10 **Including both household members and regular visitors, does anyone**  
 ETSn\_10 **smoke inside your home, every day or almost every day?**  
INTERVIEWER: Include cigarettes, cigars and pipes.

- 1 Yes
- 2 No (Go to ETS\_C20)
- DK, R (Go to ETS\_END)

ETS\_Q11 **How many people smoke inside your home every day or almost every day?**  
 ETSn\_11 INTERVIEWER: Include household members and regular visitors.

I\_I\_I Number of people  
 (MIN:1) (MAX:15)  
 DK, R

ETS\_C20 If SMK\_Q202 = 1 or 2 (current daily or occasional smoker), go to ETS\_Q30.  
 Otherwise, go to ETS\_Q20.

ETS\_Q20 **In the past month, [were/was] [you/FNAME] exposed to second-hand**  
 ETSn\_20 **smoke, every day or almost every day, in a car or other private vehicle?**

- 1 Yes
- 2 No
- DK, R

ETS\_Q20B **(In the past month,) [were/was] [you/he/she] exposed to second-hand**  
 ETSn\_20B **smoke, every day or almost every day, in public places (such as bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)?**

- 1 Yes
- 2 No
- DK, R

ETS\_Q30 **Are there any restrictions against smoking cigarettes in your home?**  
 ETSn\_5

- 1 Yes
- 2 No
- DK, R (Go to ETS\_END)

ETS\_Q31

**How is smoking restricted in your home?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

ETSn\_6A

1

**Smokers are asked to refrain from smoking in the house**

ETSn\_6B

2

**Smoking is allowed in certain rooms only**

ETSn\_6C

3

**Smoking is restricted in the presence of young children**

ETSn\_6D

4

**Other restriction**

DK, R

ETS\_END

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## TOBACCO ALTERNATIVES (TAL)

TAL\_C1 If (do TAL block = 1), go to TAL\_Q1.  
Otherwise, go to TAL\_END.

TAL\_Q1 **Now I'd like to ask about [your/his/her] use of tobacco other than cigarettes.**

**In the past month, [have/has] [you/he/she] smoked cigars?**

- 1 Yes
- 2 No  
DK, R (Go to TAL\_END)

TAL\_Q2 **(In the past month,) [have/has] [you/he/she] smoked a pipe?**

- 1 Yes
- 2 No  
DK, R

TAL\_Q3 **(In the past month,) [have/has] [you/he/she] used snuff?**

- 1 Yes
- 2 No  
DK, R

TAL\_Q4 **(In the past month,) [have/has] [you/he/she] used chewing tobacco?**

- 1 Yes
- 2 No  
DK, R

TAL\_END



## ALCOHOL USE (ALC)

ALC\_C1A      If (do ALC block = 2), go to ALC\_END.  
ALCnFDO      Otherwise, go to ALC\_QINT.

ALC\_QINT      **Now, some questions about [your/FNAME's] alcohol consumption.**  
**When we use the word 'drink' it means:**  
                  - one bottle or can of beer or a glass of draft  
                  - one glass of wine or a wine cooler  
                  - one drink or cocktail with 1 and a 1/2 ounces of liquor.  
INTERVIEWER: Press <Enter> to continue.

ALC\_Q1      **During the past 12 months, that is, from [date one year ago] to yesterday,**  
ALCn\_1      **[have/has] [you/FNAME] had a drink of beer, wine, liquor or any other**  
                  **alcoholic beverage?**

- 1      Yes
- 2      No                    (Go to ALC\_Q5B)
- DK, R                (Go to ALC\_END)

ALC\_Q2      **During the past 12 months, how often did [you/he/she] drink alcoholic**  
ALCn\_2      **beverages?**

- 1      Less than once a month
- 2      Once a month
- 3      2 to 3 times a month
- 4      Once a week
- 5      2 to 3 times a week
- 6      4 to 6 times a week
- 7      Every day
- DK, R

ALC\_Q3      **How often in the past 12 months [have/has] [you/he/she] had 5 or more**  
ALCn\_3      **drinks on one occasion?**

- 1      Never
- 2      Less than once a month
- 3      Once a month
- 4      2 to 3 times a month
- 5      Once a week
- 6      More than once a week
- DK, R

ALC\_E3      If ALC\_Q3 = 1 and ALC\_Q5A =>5 display message.

**Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on [day name].**

ALC\_Q5            **Thinking back over the past week, that is, from [date last week] to yesterday, did [you/FNAME] have a drink of beer, wine, liquor or any other alcoholic beverage?**  
 ALCn\_5

- 1        Yes
- 2        No                    (Go to ALC\_C8)
- DK, R                (Go to ALC\_C8)

ALC\_Q5A        **Starting with yesterday, that is [day name], how many drinks did you/FNAME] have:**

(If R on first day, go to ALC\_C8)  
 (MIN: 0 MAX: 99 for each day; warning after 12 for each day)

- ALCn\_5A1        1        Sunday?
- ALCn\_5A2        2        Monday?
- ALCn\_5A3        3        Tuesday?
- ALCn\_5A4        4        Wednesday?
- ALCn\_5A5        5        Thursday?
- ALCn\_5A6        6        Friday?
- ALCn\_5A7        7        Saturday?
- DK, R

Go to ALC\_C8

ALC\_E5A        If ALC\_Q3 = 1 and ALC\_Q5A =>5 display message.

**Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on [day name].**

ALC\_Q5B        **[Have/Has] [you/FNAME] ever had a drink?**  
 ALCn\_5B

- 1        Yes
- 2        No                    (Go to ALC\_END)
- DK, R                (Go to ALC\_END)

ALC\_Q6        **Did [you/he/she] ever regularly drink more than 12 drinks a week?**  
 ALCn\_6

- 1        Yes
- 2        No                    (Go to ALC\_C8)
- DK, R                (Go to ALC\_C8)

ALC\_Q7 **Why did [you/he/she] reduce or quit drinking altogether?**

INTERVIEWER: Mark all that apply.

- |         |    |  |
|---------|----|--|
| ALCn_7A | 1  | Dieting  |
| ALCn_7B | 2  | Athletic training                                  |
| ALCn_7C | 3  | Pregnancy  |
| ALCn_7D | 4  | Getting older                                      |
| ALCn_7E | 5  | Drinking too much / drinking problem               |
| ALCn_7F | 6  | Affected - work, studies, employment opportunities |
| ALCn_7G | 7  | Interfered with family or home life                |
| ALCn_7H | 8  | Affected - physical health                         |
| ALCn_7I | 9  | Affected - friendships or social relationships     |
| ALCn_7J | 10 | Affected - financial position                      |
| ALCn_7K | 11 | Affected - outlook on life, happiness              |
| ALCn_7L | 12 | Influence of family or friends                     |
| ALCn_7N | 13 | Lifestyle Transition                               |
| ALCn_7M | 14 | Other - Specify<br>DK, R                           |

ALC\_C7S If ALC\_Q7 <> 13, go to ALC\_C8.  
Otherwise, go to ALC\_Q7S.

ALC\_Q7S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ALC\_C8 If age > 19, go to ALC\_END.

ALC\_Q8 **Not counting small sips, how old [were/was] [you/he/she] when**  
ALCn\_8 **[you/he/she] started drinking alcoholic beverages?**

INTERVIEWER: Drinking does not include having a few sips of wine for religious purposes. Minimum is 5; maximum is [current age].

\_|\_|\_| Age in years  
(MIN: 5) (MAX: current age)  
DK, R

ALC\_E8 If AL\_Q8 >= 5 and AL\_Q8 <= Current Age, go to ALC\_END.  
Otherwise, show pop-up edit as follows.

**Age must be between 5 and Current Age.**  
**Please return and correct.**

ALC\_END

## DRIVING AND SAFETY (DRV)

DRV\_C01A If (do DRV block = 2), go to DRV\_END.  
 DRVnFDO Otherwise, go to DRV\_C01B.

DRV\_C01B If proxy interview, go to DRV\_END.  
 Otherwise, go to DRV\_QINT.

DRV\_QINT **The next questions are about driving a motor vehicle. By motor vehicle, we mean a car, truck or van.**  
INTERVIEWER: Press <Enter> to continue.

DRV\_Q01A **In the past 12 months, have you driven a motor vehicle?**  
 DRVn\_01A INTERVIEWER: Include cars, trucks and vans. Exclude motorcycles and off-road vehicles.

- 1 Yes
- 2 No
- DK, R (Go to DRV\_END)

DRV\_Q01B **In the past 12 months, have you driven a motorcycle?**  
 DRVn\_01B

- 1 Yes
- 2 No
- DK, R

DRV\_C02 If DRV\_Q01A = 2 and DRV\_Q01B = 2 or DK or R, go to DRV\_QINT2.  
 Otherwise, go to DRV\_C02A.

DRV\_C02A If DRV\_Q01A = 1, go to DRV\_Q02.  
 Otherwise, go to DRV\_Q04.

DRV\_Q02 **How often do you fasten your seat belt when you drive a motor vehicle?**  
 DRVn\_02 INTERVIEWER: Read categories to respondent.

- 1 **Always**
- 2 **Most of the time**
- 3 **Rarely**
- 4 **Never**
- DK, R

DRV\_Q03 **Counting hands-free use, how often do you use a cell phone while you are driving a motor vehicle?**  
 DRVn\_03

INTERVIEWER: Read categories to respondent.

- 1 **Often**
- 2 **Sometimes**
- 3 **Rarely**
- 4 **Never**
- DK, R

DRV\_Q04 **How often do you drive when you are feeling tired?**

DRVn\_04

- 1 Often
  - 2 Sometimes
  - 3 Rarely
  - 4 Never
- DK, R

DRV\_Q05 **Compared to other drivers, would you say you usually drive:**

DRVn\_05

INTERVIEWER: Read categories to respondent.

- 1 ... much faster?
  - 2 ... a little faster?
  - 3 ... about the same speed?
  - 4 ... a little slower?
  - 5 ... much slower?
- DK, R

DRV\_Q06 **(Compared to other drivers,) would you say you usually drive:**

DRVn\_06

INTERVIEWER: Read categories to respondent.

- 1 ... much more aggressively?
  - 2 ... a little more aggressively?
  - 3 ... about the same?
  - 4 ... a little less aggressively?
  - 5 ... much less aggressively?
- DK, R

DRV\_C07 If ALC\_Q1 = 1 (drank alcohol in past 12 months) and DRV\_Q01A = 1 (drove a motor vehicle) or DRV\_Q01B = 1 (Drove a motorcycle), go to DRV\_Q07. Otherwise, go to DRV\_QINT2.

DRV\_Q07 **In the past 12 months, have you driven a motor vehicle after having 2 or more drinks in the hour before you drove?**

DRVn\_07

INTERVIEWER: Include cars, trucks, vans and motorcycles. Exclude off-road vehicles.

- 1 Yes
  - 2 No (Go to DRV\_QINT2)
- DK, R (Go to DRV\_QINT2)

DRV\_Q07A **How many times?**

DRVn\_07A

|\_|\_| Times  
(MIN: 1) (MAX: 95; warning after 20)  
DK, R

DRV\_QINT2 **Now some questions about being a passenger in a motor vehicle.**  
**INTERVIEWER:** Press <Enter> to continue.

DRV\_Q08A **When you are a front seat passenger, how often do you fasten your seat belt?**  
DRVn\_08A **INTERVIEWER:** Read categories to respondent.

- 1 **Always**
- 2 **Most of the time**
- 3 **Rarely**
- 4 **Never**
- 5 Do not ride in front seat  
DK, R

DRV\_Q08B **When you are a back seat passenger, how often do you fasten your seat belt?**  
DRVn\_08B

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- 5 Do not ride in back seat  
DK, R

DRV\_Q09 **When you are a passenger in a taxi, how often do you fasten your seat belt?**  
DRVn\_09

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- 5 Do not take taxis  
DK, R

DRV\_Q10 **In the past 12 months, have you been a passenger with a driver who had 2 or more drinks in the hour before driving?**  
DRVn\_10

- 1 Yes
- 2 No (Go to DRV\_Q11A)  
DK, R (Go to DRV\_Q11A)

DRV\_Q10A **How many times (in the past 12 months)?**  
DRVn\_10A

|\_|\_| Times  
(MIN: 1) (MAX: 95; warning after 20)  
DK, R

DRV\_Q11A **In the past 12 months, have you been the driver of, or a passenger in, a snowmobile, motor boat or seadoo?**  
DRVn\_11A

- 1 Yes
- 2 No  
DK, R (Go to DRV\_END)

DRV\_Q11B **In the past 12 months, have you been the driver of, or a passenger in, an**  
DRVn\_11B **ATV (all terrain vehicle)?**

- 1 Yes
- 2 No (Go to DRV\_C13)
- DK, R (Go to DRV\_END)

DRV\_Q12 **How often do you wear a helmet when on an ATV?**

DRVn\_12 **INTERVIEWER:** Read categories to respondent.

- 1 **Always**
- 2 **Most of the time**
- 3 **Rarely**
- 4 **Never**
- DK, R

DRV\_C13 If DRV\_Q11A = 2 (not driven/passenger - snowmobile, motor boat or seadoo) and  
DRV\_Q11B = 2 (not driven/passenger - ATV), go to DRV\_END.  
Otherwise, go to DRV\_C13A.

DRV\_C13A If DRV\_Q11A = 1 and DRV\_Q11B = 1, use “a snowmobile, motor boat, seadoo or  
ATV” in DRV\_Q13 and DRV\_Q14.

If DRV\_Q11A = 1 and DRV\_Q11B = 2, use “a snowmobile, motor boat or seadoo”  
in DRV\_Q13 and DRV\_Q14.

If DRV\_Q11A = 2 and DRV\_Q11B = 1, use “an ATV” in DRV\_Q13 and  
DRV\_Q14.

DRV\_Q13 **In the past 12 months, have you been a passenger on [a snowmobile, motor**  
DRVn\_13 **boat, seadoo or ATV/a snowmobile, motor boat or seadoo/an ATV] with a**  
**driver who had 2 or more drinks in the hour before driving?**

- 1 Yes
- 2 No (Go to DRV\_C14)
- DK, R (Go to DRV\_C14)

DRV\_Q13A **How many times?**

DRVn\_13A

|\_|\_| Times  
(MIN: 1) (MAX: 95; warning after 20)  
DK, R

DRV\_C14 If ALC\_Q1 = 1 (drank alcohol in the past 12 months), go to DRV\_Q14.  
Otherwise, go to DRV\_END.

DRV\_Q14 **In the past 12 months, have you driven [a snowmobile, motor boat, seadoo**  
DRVn\_14 **or ATV/a snowmobile, motor boat or seadoo/an ATV] after having 2 or more**  
**drinks in the hour before you drove?**

- 1 Yes
- 2 No (Go to DRV\_END)
- DK, R (Go to DRV\_END)

DRV\_Q14A  
DRVn\_14A

**How many times?**

|\_|\_| Times  
(MIN: 1) (MAX: 95; warning after 20)  
DK, R

DRV\_END

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## ALCOHOL DEPENDENCE (ALD)

ALD\_BEG

ALD\_C01A If (do ALD block = 1), go to ALD\_C01B.  
Otherwise, go to ALD\_END.

ALD\_C01B If proxy interview, go to ALD\_END.  
Otherwise, go to ALD\_C01C.

ALD\_C01C If ALC\_Q3 > 2 (has had at least 5 drinks at least once a month), go to ALD\_R1.  
Otherwise, go to ALD\_END.

ALD\_R01 **The next questions are about how drinking can affect people in their activities. We will be referring to the past 12 months, that is, from [date one year ago] to yesterday.**  
INTERVIEWER: Press <Enter> to continue.

ALD\_Q01 **In the past 12 months, have you ever been drunk or hung-over while at work, school or while taking care of children?**

1 Yes  
2 No (Go to ALD\_Q03)  
DK, R (Go to ALD\_END)

ALD\_Q02 **How many times? Was it:**  
INTERVIEWER: Read categories to respondent.

- 1 ... **Once or twice?**  
2 ... **3 to 5 times?**  
3 ... **6 to 10 times?**  
4 ... **11 to 20 times?**  
5 ... **More than 20 times?**  
DK, R

ALD\_Q03 **In the past 12 months, were you ever in a situation while drunk or hung-over which increased your chances of getting hurt? (For example, driving a boat, using guns, crossing against traffic, or during sports.)**

- 1 Yes  
2 No  
DK, R

ALD\_Q04 **In the past 12 months, have you had any emotional or psychological problems because of alcohol use, such as feeling uninterested in things, depressed or suspicious of people?**

- 1 Yes  
2 No  
DK, R

- ALD\_Q05 **In the past 12 months, have you had such a strong desire or urge to drink alcohol that you could not resist it or could not think of anything else?**
- 1 Yes  
2 No  
DK, R
- ALD\_Q06 **In the past 12 months, have you had a period of a month or more when you spent a great deal of time getting drunk or being hung-over?**
- 1 Yes  
2 No  
DK, R
- ALD\_Q07 **In the past 12 months, did you ever drink much more or for a longer period of time than you intended?**
- 1 Yes  
2 No (Go to ALD\_Q09)  
DK, R (Go to ALD\_Q09)
- ALD\_Q08 **How many times? Was it:**  
INTERVIEWER: Read categories to respondent.
- 1 ... Once or twice?  
2 ... 3 to 5 times?  
3 ... 6 to 10 times?  
4 ... 11 to 20 times?  
5 ... More than 20 times?  
DK, R
- ALD\_Q09 **In the past 12 months, did you ever find that you had to drink more alcohol than usual to get the same effect or that the same amount of alcohol had less effect on you than usual?**
- 1 Yes  
2 No  
DK, R
- ALD\_R2 **People who cut down their alcohol use or stop drinking altogether may not feel well if they have been drinking steadily for some time. These feelings are more intense and can last longer than the usual hangover.**  
INTERVIEWER: Press <Enter> to continue.
- ALD\_Q10 **In the past 12 months, did you ever have a period when you stopped, cut down, or went without alcohol and then experienced symptoms like fatigue, headaches, diarrhoea, the shakes or emotional problems?**
- 1 Yes  
2 No  
DK, R

ALD\_Q11 **In the past 12 months, did you ever have a period when you drank alcohol even though you promised yourself you wouldn't, or when you drank a lot more than you intended?**

- 1 Yes
- 2 No  
DK, R

ALD\_Q12 **In the past 12 months, did you ever have a period of several days or more when you spent so much time drinking alcohol or recovering from the effects that you had little time for anything else?**

- 1 Yes
- 2 No  
DK, R

ALD\_Q13 **In the past 12 months, did you ever have a period of a month or longer when you gave up or greatly reduced important activities because of your use of alcohol?**

- 1 Yes
- 2 No  
DK, R

ALD\_Q14 **In the past 12 months, did you ever continue to drink alcohol when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your alcohol use?**

- 1 Yes
- 2 No  
DK, R

ALD\_C15 If count of "Yes" responses (1) in (ALD\_Q01, ALD\_Q03, ALD\_Q04, ALD\_Q05, ALD\_Q06, ALD\_Q07, ALD\_Q09, ALD\_Q10, ALD\_Q11, ALD\_Q12, ALD\_Q13, and ALD\_Q14) = 0, go to ALD\_END.

ALD\_R3 **Please tell me what number best describes how much your use of alcohol interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means "no interference", while 10 means "very severe interference".**  
**INTERVIEWER:** Press <Enter> to continue.

ALD\_Q15A **In the past 12 months, how much did your alcohol use interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?**

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 **V**
- 10 **Very severe interference**  
DK, R

|\_| | Number  
(MIN: 0) (MAX: 10)  
DK, R

ALD\_Q15B\_1 **How much did it interfere with your ability to attend school?**  
INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 **V**
- 10 **Very severe interference**

|\_| | Number  
(MIN: 0) (MAX: 11)  
DK, R

ALD\_Q15B\_2 **How much did it interfere with your ability to work at a job?**  
INTERVIEWER: If necessary, enter “11” to indicate “Not applicable”.

- 0        **No interference**
- 1            |
- 2            |
- 3            |
- 4            |
- 5            |
- 6            |
- 7            |
- 8            |
- 9            V
- 10        **Very severe interference**

|\_|        Number  
(MIN: 0) (MAX: 11)  
DK, R

ALD\_Q15C **(In the past 12 months,) how much did your alcohol use interfere with your ability to form and maintain close relationships with other people? (Remember that 0 means “no interference” and 10 means “very severe interference”).**

- 0        **No interference**
- 1            |
- 2            |
- 3            |
- 4            |
- 5            |
- 6            |
- 7            |
- 8            |
- 9            V
- 10        **Very severe interference**

|\_|        Number  
(MIN: 0) (MAX: 10)  
DK, R

ALD\_Q15D      **How much did it interfere with your social life?**

- 0      **No interference**
- 1            |
- 2            |
- 3            |
- 4            |
- 5            |
- 6            |
- 7            |
- 8            |
- 9            V
- 10      **Very severe interference**

|\_|      Number  
(MIN: 0) (MAX: 10)

DK, R

ALD\_END

## ILLICIT DRUGS (IDG)

DRG\_C1 If (do DRG block = 2), go to DRG\_END.  
IDGnFDO Otherwise, go to DRG\_C2.

DRG\_C2 If proxy interview, go to DRG\_END.  
Otherwise, go to DRG\_QINT1.

DRG\_QINT1 **Now I am going to ask some questions about drug use. Again, I would like to remind you that everything you say will remain strictly confidential.**  
INTERVIEWER: Press <Enter> to continue.

DRG\_Q01 **Have you ever used or tried marijuana, cannabis or hashish?**  
IDGn\_01 INTERVIEWER: Read categories to respondent.

- 1 **Yes, just once**
- 2 **Yes, more than once**
- 3 **No** (Go to DRG\_Q04)  
DK, R (Go to DRG\_END)

DRG\_Q02 **Have you used it in the past 12 months?**  
IDGn\_02

- 1 Yes
- 2 No (Go to DRG\_Q04)  
DK, R (Go to DRG\_Q04)

DRG\_C03 If DRG\_Q01 = 1, go to DRG\_Q04.

DRG\_Q03 **How often (did you use marijuana, cannabis or hashish in the past 12 months)?**  
IDGn\_03 INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**  
DK, R

DRG\_Q04 **Have you ever used or tried cocaine or crack?**  
IDGn\_04

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q07)  
DK, R (Go to DRG\_Q07)

DRG\_Q05 **Have you used it in the past 12 months?**  
IDGn\_05

- 1 Yes
- 2 No (Go to DRG\_Q07)  
DK, R (Go to DRG\_Q07)

DRG\_C06 If DRG\_Q04 = 1, go to DRG\_Q07.

DRG\_Q06  
IDGn\_06

**How often (did you use cocaine or crack in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
  - 2 **1 to 3 times a month**
  - 3 **Once a week**
  - 4 **More than once a week**
  - 5 **Every day**
- DK, R

DRG\_Q07  
IDGn\_07

**Have you ever used or tried speed (amphetamines)?**

- 1 Yes, just once
  - 2 Yes, more than once
  - 3 No (Go to DRG\_Q10)
- DK, R (Go to DRG\_Q10)

DRG\_Q08  
IDGn\_08

**Have you used it in the past 12 months?**

- 1 Yes
  - 2 No (Go to DRG\_Q10)
- DK, R (Go to DRG\_Q10)

DRG\_C09

If DRG\_Q07 = 1, go to DRG\_Q10.

DRG\_Q09  
IDGn\_09

**How often (did you use speed (amphetamines) in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
  - 2 **1 to 3 times a month**
  - 3 **Once a week**
  - 4 **More than once a week**
  - 5 **Every day**
- DK, R

DRG\_Q10  
IDGn\_10

**Have you ever used or tried ecstasy (MDMA) or other similar drugs?**

- 1 Yes, just once
  - 2 Yes, more than once
  - 3 No (Go to DRG\_Q13)
- DK, R (Go to DRG\_Q13)

DRG\_Q11  
IDGn\_11

**Have you used it in the past 12 months?**

- 1 Yes
  - 2 No (Go to DRG\_Q13)
- DK, R (Go to DRG\_Q13)

DRG\_C12

If DRG\_Q10 = 1, go to DRG\_Q13.



DRG\_Q12 **How often (did you use ecstasy or other similar drugs in the past 12 months)?**

IDGn\_12 INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**  
DK, R

DRG\_Q13 **Have you ever used or tried hallucinogens, PCP or LSD (acid)?**

IDGn\_13

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q16)  
DK, R (Go to DRG\_Q16)

DRG\_Q14 **Have you used it in the past 12 months?**

IDGn\_14

- 1 Yes
- 2 No (Go to DRG\_Q16)  
DK, R (Go to DRG\_Q16)

DRG\_C15 If DRG\_Q13 = 1, go to DRG\_Q16.

DRG\_Q15 **How often (did you use hallucinogens, PCP or LSD in the past 12 months)?**

IDGn\_15 INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**  
DK, R

DRG\_Q16 **Did you ever sniff glue, gasoline or other solvents?**

IDGn\_16

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q19)  
DK, R (Go to DRG\_Q19)

DRG\_Q17 **Did you sniff some in the past 12 months?**

IDGn\_17

- 1 Yes
- 2 No (Go to DRG\_Q19)  
DK, R (Go to DRG\_Q19)

DRG\_C18 If DRG\_Q16 = 1, go to DRG\_Q19.

DRG\_Q18  
IDGn\_18

**How often (did you sniff glue, gasoline or other solvents in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
  - 2 **1 to 3 times a month**
  - 3 **Once a week**
  - 4 **More than once a week**
  - 5 **Every day**
- DK, R

DRG\_Q19  
IDGn\_19

**Have you ever used or tried heroin?**

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q22)
- DK, R (Go to DRG\_Q22)

DRG\_Q20  
IDGn\_20

**Have you used it in the past 12 months?**

- 1 Yes
- 2 No (Go to DRG\_Q22)
- DK, R (Go to DRG\_Q22)

DRG\_C21

If DRG\_Q19 = 1, go to DRG\_Q22.

DRG\_Q21  
IDGn\_21

**How often (did you use heroin in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
  - 2 **1 to 3 times a month**
  - 3 **Once a week**
  - 4 **More than once a week**
  - 5 **Every day**
- DK, R

DRG\_Q22  
IDGn\_22

**Have you ever used or tried steroids, such as testosterone, dianabol or growth hormones, to increase your performance in a sport or activity or to change your physical appearance?**

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_C25A1)
- DK, R (Go to DRG\_C25A1)

DRG\_Q23  
IDGn\_23

**Have you used it in the past 12 months?**

- 1 Yes
- 2 No (Go to DRG\_C25A1)
- DK, R (Go to DRG\_C25A1)

DRG\_C24

If DRG\_Q22 = 1, go to DRG\_C25A1.

DRG\_Q24 **How often (did you use steroids in the past 12 months)?**

IDGn\_24 INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
  - 2 **1 to 3 times a month**
  - 3 **Once a week**
  - 4 **More than once a week**
  - 5 **Every day**
- DK, R

DRG\_C25A\_1 DRG\_C25A1 = Count of instances where DRG\_Q01, DRG\_Q04, DRG\_Q07, DRG\_Q10, DRG\_Q13, DRG\_Q16 and DRG\_Q19 = 3, DK or R.

If DRG\_C25A1 = 7, go to DRG\_END.

DRG\_C25A\_2 DRG\_C25A2 = Count of instances where DRG\_Q03, DRG\_Q06, DRG\_Q09, DRG\_Q12, DRG\_Q15, DRG\_Q18 and DRG\_Q21 >= 2.

If DRG\_C25A\_2 >= 1, go to DRG\_Q25A.  
Otherwise, go to DRG\_END.

DRG\_Q25A **(During the past 12 months,) did you ever need to use more drugs than usual in order to get high, or did you ever find that you could no longer get high on the amount you usually took?**

IDGn\_25A

- 1 Yes
  - 2 No
- DK, R

DRG\_QINT25B **People who cut down their substance use or stop using drugs altogether may not feel well if they have been using steadily for some time. These feelings are more intense and can last longer than the usual hangover.**

INTERVIEWER: Press <Enter> to continue.

DRG\_Q25B **(During the past 12 months,) did you ever have times when you stopped, cut down or went without drugs and then experienced symptoms like fatigue, headaches, diarrhoea, the shakes or emotional problems?**

IDGn\_25B

- 1 Yes
  - 2 No
- DK, R

DRG\_Q25C **(During the past 12 months,) did you ever have times when you used drugs to keep from having such symptoms?**

IDGn\_25C

- 1 Yes
  - 2 No
- DK, R

DRG\_Q25D (During the past 12 months,) did you ever have times when you used drugs  
IDGn\_25D even though you promised yourself you wouldn't, or times when you used  
a lot more drugs than you intended?

- 1 Yes (Go to DRG\_Q25G)
- 2 No  
DK, R

DRG\_Q25E (During the past 12 months,) were there ever times when you used drugs  
IDGn\_25E more frequently, or for more days in a row than you intended?

- 1 Yes
- 2 No  
DK, R

DRG\_Q25F (During the past 12 months,) did you ever have periods of several days or  
IDGn\_25F more when you spent so much time using drugs or recovering from the  
effects of using drugs that you had little time for anything else?

- 1 Yes
- 2 No  
DK, R

DRG\_Q25G (During the past 12 months,) did you ever have periods of a month or  
IDGn\_25G longer when you gave up or greatly reduced important activities because of  
your use of drugs?

- 1 Yes
- 2 No  
DK, R

DRG\_Q25H During the past 12 months, did you ever continue to use drugs when you  
IDGn\_25H knew you had a serious physical or emotional problem that might have  
been caused by or made worse by your use?

- 1 Yes
- 2 No  
DK, R

DRG\_QINT26 Please tell me what number best describes how much your use of drugs  
interfered with each of the following activities during the past 12 months.  
For each activity, answer with a number between 0 and 10; 0 means "no  
interference", while 10 means "very severe interference".  
INTERVIEWER: Press <Enter> to continue.

DRG\_Q26A      **How much did your use of drugs interfere with your home responsibilities,**  
IDGn\_26A      **like cleaning, shopping and taking care of the house or apartment?**

- 0      **No interference**
- 1            |
- 2            |
- 3            |
- 4            |
- 5            |
- 6            |
- 7            |
- 8            |
- 9            V
- 10      **Very severe interference**

|\_|      Number  
(MIN: 0) (MAX: 10)  
DK, R

DRG\_Q26B\_1      **How much did your use interfere with your ability to attend school?**  
IDGn\_6B1      **INTERVIEWER:** If necessary, enter “11” to indicate “Not applicable”.

- 0      **No interference**
- 1            |
- 2            |
- 3            |
- 4            |
- 5            |
- 6            |
- 7            |
- 8            |
- 9            V
- 10      **Very severe interference**

|\_|      Number  
(MIN: 0) (MAX: 11)  
DK, R

DRG\_Q26B\_2 **How much did your use interfere with your ability to work at a regular job?**  
IDGn\_6B2 **INTERVIEWER:** If necessary, enter “11” to indicate “Not applicable”.

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 **Very severe interference**

|\_| Number  
(MIN: 0) (MAX: 11)  
DK, R

DRG\_Q26C **(During the past 12 months,) how much did your use of drugs interfere with**  
IDGn\_26C **your ability to form and maintain close relationships with other people?**  
**Remember that 0 means “no interference” and 10 means “very severe interference”.**

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 **Very severe interference**

|\_| Number  
(MIN: 0) (MAX: 10)  
DK, R

DRG\_Q26D  
IDGn\_26D

**How much did your use of drugs interfere with your social life?**

- 0**      **No interference**
- 1**            |
- 2**            |
- 3**            |
- 4**            |
- 5**            |
- 6**            |
- 7**            |
- 8**            |
- 9**            V
- 10**      **Very severe interference**

|\_| | Number  
(MIN: 0) (MAX: 10)  
DK, R

DRG\_END

FOR INFORMATION ONLY

## PROBLEM GAMBLING (CPG)

CPG\_C01 If (do CPG block = 2), go to CPG\_END.  
 CPGnFDO Otherwise, go to CPG\_C2.

CPG\_C02 If proxy interview, go to CPG\_END.  
 Otherwise, go to CPG\_C3.

CPG\_C03 CPG\_C03 = Count instances where CPG\_Q01B to CPG\_Q01M = 7, 8, DK or R.

CPG\_QINT1 **People have different definitions of gambling. They may bet money and gamble on many different things, including buying lottery tickets, playing bingo or playing card games with their family or friends.**

**The next questions are about gambling activities and experiences. Some of these questions may not apply to you; however, they need to be asked of all respondents.**

INTERVIEWER: Press <Enter> to continue.

CPG\_Q01A **In the past 12 months, how often have you bet or spent money on instant  
 CPGn\_01A win/scratch tickets or daily lottery tickets (Keno, Pick 2, Encore, Banco, Extra)?**

INTERVIEWER: Read categories to respondent.

Exclude all other kinds of lottery tickets such as 6/49, Super 7, sports lotteries and fund raising tickets.

- 1 **Daily**
- 2 **Between 2 to 6 times a week**
- 3 **About once a week**
- 4 **Between 2 to 3 times a month**
- 5 **About once a month**
- 6 **Between 6 to 11 times a year**
- 7 **Between 1 to 5 times a year**
- 8 Never  
DK, R

CPG\_C01A If CPG\_Q01A = R, go to CPG\_END  
 Otherwise, go to CPG\_Q01B.

CPG\_Q01B **(In the past 12 months,) how often have you bet or spent money on lottery  
 CPGn\_01B tickets such as 6/49 and Super 7, raffles or fund-raising tickets?**

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R



CPG\_Q01C (In the past 12 months,) how often have you bet or spent money on Bingo?  
CPGn\_01C

- 1 Daily
  - 2 Between 2 to 6 times a week
  - 3 About once a week
  - 4 Between 2 to 3 times a month
  - 5 About once a month
  - 6 Between 6 to 11 times a year
  - 7 Between 1 to 5 times a year
  - 8 Never
- DK, R

CPG\_Q01D (In the past 12 months,) how often have you bet or spent money playing cards or board games with family or friends?  
CPGn\_01D

- 1 Daily
  - 2 Between 2 to 6 times a week
  - 3 About once a week
  - 4 Between 2 to 3 times a month
  - 5 About once a month
  - 6 Between 6 to 11 times a year
  - 7 Between 1 to 5 times a year
  - 8 Never
- DK, R

CPG\_Q01E (In the past 12 months,) how often have you bet or spent money on video lottery terminals (VLTs) outside of casinos?  
CPGn\_01E

- 1 Daily
  - 2 Between 2 to 6 times a week
  - 3 About once a week
  - 4 Between 2 to 3 times a month
  - 5 About once a month
  - 6 Between 6 to 11 times a year
  - 7 Between 1 to 5 times a year
  - 8 Never
- DK, R

CPG\_Q01F (In the past 12 months,) how often have you bet or spent money on coin slots or VLTs at a casino?  
CPGn\_01F

- 1 Daily
  - 2 Between 2 to 6 times a week
  - 3 About once a week
  - 4 Between 2 to 3 times a month
  - 5 About once a month
  - 6 Between 6 to 11 times a year
  - 7 Between 1 to 5 times a year
  - 8 Never
- DK, R

CPG\_Q01G (In the past 12 months,) how often have you bet or spent money on casino  
CPGn\_01G games other than coin slots or VLTs (for example, poker, roulette,  
blackjack, Keno)?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R

CPG\_Q01H (In the past 12 months,) how often have you bet or spent money on Internet  
CPGn\_01H or arcade gambling?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R

CPG\_Q01I In the past 12 months, how often have you bet or spent money on live  
CPGn\_01I horse racing at the track or off track?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R

CPG\_Q01J (In the past 12 months,) how often have you bet or spent money on sports  
CPGn\_01J such as sports lotteries (Sport Select, Pro-Line, Mise-au-jeu, Total), sports  
pool or sporting events?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R

CPG\_Q01K  
CPGn\_01K

**(In the past 12 months,) how often have you bet or spent money on speculative investments such as stocks, options or commodities?**

**INTERVIEWER:** Speculative investments refers to buying high-risk stocks, but does not include low-risk bonds, RRSPs and/or mutual funds.

- 1 Daily
  - 2 Between 2 to 6 times a week
  - 3 About once a week
  - 4 Between 2 to 3 times a month
  - 5 About once a month
  - 6 Between 6 to 11 times a year
  - 7 Between 1 to 5 times a year
  - 8 Never
- DK, R

CPG\_Q01L  
CPGn\_01L

**In the past 12 months, how often have you bet or spent money on games of skill such as pool, golf, bowling or darts?**

- 1 Daily
  - 2 Between 2 to 6 times a week
  - 3 About once a week
  - 4 Between 2 to 3 times a month
  - 5 About once a month
  - 6 Between 6 to 11 times a year
  - 7 Between 1 to 5 times a year
  - 8 Never
- DK, R

CPG\_Q01M  
CPGn\_01M

**(In the past 12 months,) how often have you bet or spent money on any other forms of gambling such as dog races, gambling at casino nights/country fairs, bet on sports with a bookie or gambling pools at work?**

- 1 Daily
  - 2 Between 2 to 6 times a week
  - 3 About once a week
  - 4 Between 2 to 3 times a month
  - 5 About once a month
  - 6 Between 6 to 11 times a year
  - 7 Between 1 to 5 times a year
  - 8 Never
- DK, R

CPG\_C01N

If CPG\_C03 = 12 and CPG\_Q01A = 7, 8 or DK, go to CPG\_END.  
Otherwise, go to CPG\_Q01N.

CPG\_Q01N **In the past 12 months, how much money, not including winnings, did you**  
CPGn\_01N **spend on all of your gambling activities?**

INTERVIEWER: Read categories to respondent.

- 1 **Between 1 dollar and 50 dollars**
  - 2 **Between 51 dollars and 100 dollars**
  - 3 **Between 101 dollars and 250 dollars**
  - 4 **Between 251 dollars and 500 dollars**
  - 5 **Between 501 dollars and 1000 dollars**
  - 6 **More than 1000 dollars**
- DK, R

CPG\_QINT2 **The next questions are about gambling attitudes and experiences. Again, all**  
**the questions will refer to the past 12 months.**

INTERVIEWER: Press <Enter> to continue.

CPG\_Q02 **In the past 12 months, how often have you bet or spent more money than**  
CPGn\_02 **you wanted to on gambling?**

INTERVIEWER: Read categories to respondent.

- 1 **Never**
  - 2 **Sometimes**
  - 3 **Most of the time**
  - 4 **Almost always**
  - 5 I am not a gambler (Go to CPG\_END)
- DK  
R (Go to CPG\_END)

CPG\_Q03 **(In the past 12 months,) how often have you needed to gamble with larger**  
CPGn\_03 **amounts of money to get the same feeling of excitement?**

- 1 Never
  - 2 Sometimes
  - 3 Most of the time
  - 4 Almost always
- DK, R

CPG\_Q04 **(In the past 12 months,) when you gambled, how often did you go back**  
CPGn\_04 **another day to try to win back the money you lost?**

- 1 Never
  - 2 Sometimes
  - 3 Most of the time
  - 4 Almost always
- DK, R

CPG\_Q05 **In the past 12 months, how often have you borrowed money or sold**  
CPGn\_05 **anything to get money to gamble?**

- 1 Never
  - 2 Sometimes
  - 3 Most of the time
  - 4 Almost always
- DK, R

CPG\_Q06  
CPGn\_06

**(In the past 12 months,) how often have you felt that you might have a problem with gambling?**

- 1 Never
  - 2 Sometimes
  - 3 Most of the time
  - 4 Almost always
- DK, R

CPG\_Q07  
CPGn\_07

**(In the past 12 months,) how often has gambling caused you any health problems, including stress or anxiety?**

- 1 Never
  - 2 Sometimes
  - 3 Most of the time
  - 4 Almost always
- DK, R

CPG\_Q08  
CPGn\_08

**(In the past 12 months,) how often have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?**

- 1 Never
  - 2 Sometimes
  - 3 Most of the time
  - 4 Almost always
- DK, R

CPG\_Q09  
CPGn\_09

**(In the past 12 months,) how often has your gambling caused financial problems for you or your family?**

- 1 Never
  - 2 Sometimes
  - 3 Most of the time
  - 4 Almost always
- DK, R

CPG\_Q10  
CPGn\_10

**In the past 12 months, how often have you felt guilty about the way you gamble or what happens when you gamble?**

- 1 Never
  - 2 Sometimes
  - 3 Most of the time
  - 4 Almost always
- DK, R

CPG\_Q11  
CPGn\_11

**(In the past 12 months,) how often have you lied to family members or others to hide your gambling?**

- 1 Never
  - 2 Sometimes
  - 3 Most of the time
  - 4 Almost always
- DK, R

CPG\_Q12 (In the past 12 months,) how often have you wanted to stop betting money  
CPGn\_12 or gambling, but didn't think you could?

- 1 Never
  - 2 Sometimes
  - 3 Most of the time
  - 4 Almost always
- DK, R

CPG\_Q13 In the past 12 months, how often have you bet more than you could really  
CPGn\_13 afford to lose?

- 1 Never
  - 2 Sometimes
  - 3 Most of the time
  - 4 Almost always
- DK, R

CPG\_Q14 (In the past 12 months,) have you tried to quit or cut down on your  
CPGn\_14 gambling but were unable to do it?

- 1 Never
  - 2 Sometimes
  - 3 Most of the time
  - 4 Almost always
- DK, R

CPG\_Q15 (In the past 12 months,) have you gambled as a way of forgetting problems  
CPGn\_15 or to feel better when you were depressed?

- 1 Never
  - 2 Sometimes
  - 3 Most of the time
  - 4 Almost always
- DK, R

CPG\_Q16 (In the past 12 months,) has your gambling caused any problems with your  
CPGn\_16 relationship with any of your family members or friends?

- 1 Never
  - 2 Sometimes
  - 3 Most of the time
  - 4 Almost always
- DK, R

CPG\_C17 For CPG\_Q03 through CPG\_Q10 and CPG\_Q13, recode 1=0, 2=1, 3=2 and 4=3  
into CPG\_C17A through CPG\_C17I.  
CPG\_C17J = Sum CPG\_C17A through CPG\_C17I.  
If CPG\_C17J <= 2, go to CPG\_END.  
Otherwise, go to CPG\_Q17.

CPG\_Q17 Has anyone in your family ever had a gambling problem?  
CPGn\_17

- 1 Yes
  - 2 No
- DK, R

CPG\_Q18 **In the past 12 months, have you used alcohol or drugs while gambling?**  
CPGn\_18

- 1 Yes
- 2 No
- DK, R

CPG\_QINT19 **Please tell me what number best describes how much your gambling activities interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means “no interference”, while 10 means “very severe interference”.**  
**INTERVIEWER:** Press <Enter> to continue.

CPG\_Q19A **During the past 12 months, how much did your gambling activities interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?**  
CPGn\_19A

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 **Very severe interference**

||| Number  
(MIN: 0) (MAX: 10)  
DK, R

CPG\_Q19B\_1 **How much did these activities interfere with your ability to attend school?**  
CPGn\_9B1 **INTERVIEWER:** If necessary, enter “11” to indicate “Not applicable”.

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 **Very severe interference**

||| Number  
(MIN: 0) (MAX: 11)  
DK, R

CPG\_Q19B\_2 **How much did they interfere with your ability to work at a job?**  
CPGn\_9B2 **INTERVIEWER:** If necessary, enter “11” to indicate “Not applicable”.

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

|\_| Number  
(MIN: 0) (MAX: 11)  
DK, R

CPG\_Q19C **(During the past 12 months,) how much did your gambling activities**  
CPGn\_19C **interfere with your ability to form and maintain close relationships with other people? (Remember that 0 means “no interference” and 10 means “very severe interference”).**

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

|\_| Number  
(MIN: 0) (MAX: 10)  
DK, R



CPG\_Q19D  
CPGn\_19D

**How much did they interfere with your social life?**

- 0**      **No interference**
- 1**            |
- 2**            |
- 3**            |
- 4**            |
- 5**            |
- 6**            |
- 7**            |
- 8**            |
- 9**            V
- 10**      **Very severe interference**

|\_| |    Number  
(MIN: 0) (MAX: 10)  
DK, R

CPG\_END

FOR INFORMATION ONLY

**EATING TROUBLES ASSESSMENT (ETA)**

ETA\_C1 If (do ETA block = 2), go to ETA\_END.  
 ETAnFDO Otherwise, go to ETA\_C2.

ETA\_C2 If proxy interview, go to ETA\_END.  
 Otherwise, go to ETA\_Q01A.

ETA\_Q01A **This part of the interview is about problems people may have with their weight or with eating.**  
 ETAn\_01A **Was there ever a time in your life when you had a strong fear or a great deal of concern about being too fat or overweight?**

- 1 Yes
- 2 No (Go to ETA\_END)
- DK, R (Go to ETA\_END)

ETA\_Q01B **During the past 12 months, did you have a strong fear or a great deal of concern about being too fat or overweight?**  
 ETAn\_01B

- 1 Yes
- 2 No (Go to ETA\_END)
- DK, R (Go to ETA\_END)

ETA\_QINT2 **Now I am going to read you a series of statements about food and eating habits that describe feelings and experiences that you may have had during the past 12 months. Please tell me whether the statements are true for you by answering, “always”, “usually”, “often”, “sometimes”, “rarely”, or “never”.**  
 INTERVIEWER: Press <Enter> to continue.

ETA\_Q02 **You are terrified about being overweight.**  
 ETAn\_02

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q03 **You avoid eating when you are hungry.**  
 ETAn\_03

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q04      **You find yourself preoccupied with food.**  
ETAn\_04

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q05      **You go on eating binges where you feel you may not be able to stop.**  
ETAn\_05

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q06      **You cut your food into small pieces.**  
ETAn\_06

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q07      **You are aware of the calorie content of the foods you eat.**  
ETAn\_07

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q08      **You particularly avoid food with a high carbohydrate content such as bread, rice or potatoes.**  
ETAn\_08

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q09  
ETAn\_09

**(Again, in the past 12 months, please tell me how true the following statements are for you.)**

**You feel that others would prefer if you ate more.**

- 1 Always
  - 2 Usually
  - 3 Often
  - 4 Sometimes
  - 5 Rarely
  - 6 Never
- DK, R

ETA\_Q10  
ETAn\_10

**You vomit after you eat.**

- 1 Always
  - 2 Usually
  - 3 Often
  - 4 Sometimes
  - 5 Rarely
  - 6 Never
- DK, R

ETA\_Q11  
ETAn\_11

**You feel extremely guilty after eating.**

- 1 Always
  - 2 Usually
  - 3 Often
  - 4 Sometimes
  - 5 Rarely
  - 6 Never
- DK, R

ETA\_Q12  
ETAn\_12

**You are preoccupied with a desire to be thinner.**

- 1 Always
  - 2 Usually
  - 3 Often
  - 4 Sometimes
  - 5 Rarely
  - 6 Never
- DK, R

ETA\_Q13  
ETAn\_13

**You think about burning up calories when you exercise.**

- 1 Always
  - 2 Usually
  - 3 Often
  - 4 Sometimes
  - 5 Rarely
  - 6 Never
- DK, R

ETA\_Q14      **Other people think you are too thin.**

ETAn\_14

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q15      **You are preoccupied with the thought of having fat on your body.**

ETAn\_15

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q16      **You take longer than others to eat your meals.**

ETAn\_16

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q17      **You avoid foods with sugar in them.**

ETAn\_17

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q18      **Again, in the past 12 months, please tell me how true the following statements are for you.**

ETAn\_18

**You eat diet foods.**

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q19      **You feel that food controls your life.**  
ETAn\_19

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q20      **You display self-control around food.**  
ETAn\_20

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q21      **You feel that others pressure you to eat.**  
ETAn\_21

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q22      **You give too much time and thought to food.**  
ETAn\_22

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q23      **You feel uncomfortable after eating sweets.**  
ETAn\_23

- 1      Always
- 2      Usually
- 3      Often
- 4      Sometimes
- 5      Rarely
- 6      Never
- DK, R

ETA\_Q24  
ETAn\_24

**You engage in dieting behaviour.**

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q25  
ETAn\_25

**You like your stomach to be empty.**

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q26  
ETAn\_26

**You have the impulse to vomit after meals.**

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_Q27  
ETAn\_27

**You enjoy trying new rich foods.**

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA\_END

## MATERNAL EXPERIENCES (MEX)

May 3, 2004

MEX\_BEG

MEX\_C01A If (do MEX block = 1), go to MEX\_C01B.  
Otherwise, go to MEX\_END.

MEX\_C01B If proxy interview or sex = male or age < 15 or > 55, go to MEX\_END.  
Otherwise, go to MEX\_Q01.

MEX\_Q01 **Now a few questions for recent mothers.  
Have you given birth in the past 5 years?**  
INTERVIEWER: Do not include stillbirths.

- 1 Yes
- 2 No (Go to MEX\_END)
- DK, R (Go to MEX\_END)

MEX\_Q01A **In what year?**  
INTERVIEWER: Enter year of birth of last baby.  
Minimum is [current year - 5]; maximum is [current year].

\_\_\_\_ Year  
(MIN: 2000) (MAX: 2005)  
DK, R

MEX\_Q02 **Did you take a vitamin supplement containing folic acid before your (last) pregnancy, that is, before you found out that you were pregnant?**

- 1 Yes
- 2 No
- DK, R

MEX\_Q03 **(For your last baby,) did you breastfeed or try to breastfeed your baby, even if only for a short time?**

- 1 Yes (Go to MEX\_Q05)
- 2 No
- DK, R (Go to MEX\_C20)



MEX\_Q04 **What is the main reason that you did not breastfeed?**

- 1 Bottle feeding easier
- 2 Formula as good as breast milk
- 3 Breastfeeding is unappealing / disgusting
- 4 Father / partner didn't want me to
- 5 Returned to work / school early
- 6 C-Section
- 7 Medical condition - mother
- 8 Medical condition - baby
- 9 Premature birth
- 10 Multiple births (e.g. twins)
- 11 Wanted to drink alcohol
- 12 Wanted to smoke
- 13 Other - Specify  
DK, R

MEX\_C04S If MEX\_Q04 = 13, go to MEX\_Q04S.  
Otherwise, go to MEX\_C20.

MEX\_Q04S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

Go to MEX\_C20

MEX\_Q05 **Are you still breastfeeding?**

- 1 Yes (Go to MEX\_Q07)
- 2 No  
DK, R (Go to MEX\_C20)

MEX\_Q06 **How long did you breastfeed (your last baby)?**

- 1 Less than 1 week
- 2 1 to 2 weeks
- 3 3 to 4 weeks
- 4 5 to 8 weeks
- 5 9 weeks to less than 12 weeks
- 6 3 months (12 weeks to less than 16 weeks)
- 7 4 months (16 weeks to less than 20 weeks)
- 8 5 months (20 weeks to less than 24 weeks)
- 9 6 months (24 weeks to less than 28 weeks)
- 10 7 to 9 months
- 11 10 to 12 months
- 12 More than 1 year  
DK, R (Go to MEX\_C20)

MEX\_Q07 **How old was your (last) baby when you first added any other liquids (e.g. milk, formula, water, teas, herbal mixtures) or solid foods to the baby's feeds?**

INTERVIEWER: If exact age not known, obtain best estimate.

- 1 Less than 1 week
- 2 1 to 2 weeks
- 3 3 to 4 weeks
- 4 5 to 8 weeks
- 5 9 weeks to less than 12 weeks
- 6 3 months (12 weeks to less than 16 weeks)
- 7 4 months (16 weeks to less than 20 weeks)
- 8 5 months (20 weeks to less than 24 weeks)
- 9 6 months (24 weeks to less than 28 weeks)
- 10 7 to 9 months
- 11 10 to 12 months
- 12 More than 1 year
- 13 Have not added liquids or solids (Go to MEX\_Q09)  
DK, R (Go to MEX\_C20)

MEX\_Q08 **What is the main reason that you first added other liquids or solid foods?**

- 1 Not enough breast milk
- 2 Baby was ready for solid foods
- 3 Inconvenience / fatigue due to breastfeeding
- 4 Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
- 5 Medical condition - mother
- 6 Medical condition - baby
- 7 Advice of doctor / health professional
- 8 Returned to work / school
- 9 Advice of partner / family / friends
- 10 Formula equally healthy for baby
- 11 Wanted to drink alcohol
- 12 Wanted to smoke
- 13 Other - Specify  
DK, R

MEX\_C08S If MEX\_Q08 = 13, go to MEX\_Q08S.  
Otherwise, go to MEX\_C09.

MEX\_Q08S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

MEX\_C09 If MEX\_Q07 = 1 (baby less than 1 week), go to MEX\_C10.  
Otherwise, go to MEX\_Q09.

MEX\_Q09 **During the time when your (last) baby was only fed breast milk, did you give the baby a vitamin supplement containing Vitamin D?**

- 1 Yes
- 2 No  
DK, R

MEX\_C10 If MEX\_Q05 = 1 (still breastfeeding), go to MEX\_C20.  
Otherwise, go to MEX\_Q10.

MEX\_Q10 **What is the main reason that you stopped breastfeeding?**

- 1 Not enough breast milk
- 2 Baby was ready for solid foods
- 3 Inconvenience / fatigue due to breastfeeding
- 4 Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
- 5 Medical condition - mother
- 6 Medical condition - baby
- 7 Planned to stop at this time
- 8 Child weaned him / herself (e.g., baby biting, refusing breast)
- 9 Advice of doctor / health professional
- 10 Returned to work / school
- 11 Advice of partner
- 12 Formula equally healthy for baby
- 13 Wanted to drink alcohol
- 14 Wanted to smoke
- 15 Other - Specify  
DK, R

MEX\_C10S If MEX\_Q10 = 15, go to MEX\_Q10S.  
Otherwise, go to MEX\_C20.

MEX\_Q10S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

MEX\_C20 If SMK\_Q202 = 1 or 2 or SMK\_Q201A = 1 or SMK\_Q201B = 1 (current or former smoker), go to MEX\_Q20.  
Otherwise, go to MEX\_Q26.

MEX\_Q20 **During your last pregnancy, did you smoke daily, occasionally or not at all?**

- 1 Daily
- 2 Occasionally (Go to MEX\_Q22)
- 3 Not at all (Go to MEX\_C23)  
DK, R (Go to MEX\_Q26)

*Daily Smokers only*

MEX\_Q21 **How many cigarettes did you usually smoke each day?**

I\_I\_I Number of cigarettes (MIN: 1) (MAX: 99; warning after 60)  
DK, R

Go to MEX\_C23

*Occasional Smokers only*

MEX\_Q22 **On the days that you smoked, how many cigarettes did you usually smoke?**

1-1 Number of cigarettes (MIN: 1) (MAX: 99; warning after 60)  
DK, R

MEX\_C23 If MEX\_Q03 = 2 (didn't breastfeed last baby), go to MEX\_Q26.  
Otherwise, go to MEX\_Q23.

MEX\_Q23 **When you were breastfeeding (your last baby), did you smoke daily, occasionally or not at all?**

- 1 Daily
- 2 Occasionally (Go to MEX\_Q25)
- 3 Not at all (Go to MEX\_Q26)
- DK, R (Go to MEX\_Q26)

*Daily smokers only*

MEX\_Q24 **How many cigarettes did you usually smoke each day?**

1-1 Number of cigarettes (MIN: 1) (MAX: 99; warning after 60)  
DK, R

Go to MEX\_Q26

*Occasional smokers only*

MEX\_Q25 **On the days that you smoked, how many cigarettes did you usually smoke?**

1-1 Number of cigarettes (MIN: 1) (MAX: 99; warning after 60)  
DK, R

MEX\_Q26 **Did anyone regularly smoke in your presence during or after the pregnancy (about 6 months after)?**

- 1 Yes
- 2 No
- DK, R

MEX\_C30 If ALC\_Q1 = 1 or ALC\_Q5B = 1 (drank in past 12 months or ever drank), go to MEX\_Q30.  
Otherwise, go to MEX\_END.

MEX\_Q30 **Did you drink any alcohol during your last pregnancy?**

- 1 Yes
- 2 No (Go to MEX\_C32)
- DK, R (Go to MEX\_END)

MEX\_Q31 **How often did you drink?**

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day  
DK, R

MEX\_C32 If MEX\_Q03 = 2 (did not breastfeed last baby), go to MEX\_END.  
Otherwise, go to MEX\_Q32.

MEX\_Q32 **Did you drink any alcohol while you were breastfeeding (your last baby)?**

- 1 Yes
- 2 No (Go to MEX\_END)  
DK, R (Go to MEX\_END)

MEX\_Q33 **How often did you drink?**

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day  
DK, R

MEX\_END

**SEXUAL BEHAVIOUR (SXB)**

SXB\_C01A If (do SXB block = 1), go to SXB\_C01B.  
 SXBnFDO Otherwise, go to SXB\_END.

SXB\_C01B If proxy interview or age < 15 or > 49, go to SXB\_END.  
 Otherwise, go to SXB\_R01.

SXB\_R01 **I would like to ask you a few questions about sexual behaviour. We ask these questions because sexual behaviours can have very important and long-lasting effects on personal health. You can be assured that anything you say will remain confidential.**  
 INTERVIEWER: Press <Enter> to continue.

SXB\_Q01 **Have you ever had sexual intercourse?**

SXBn\_1

- 1 Yes
- 2 No (Go to SXB\_END)
- DK, R (Go to SXB\_END)

SXB\_Q02 **How old were you the first time?**

SXBn\_2

INTERVIEWER: Maximum is [current age].

[\_|\_] Age in years  
 (MIN: 1; warning below 12) (MAX: current age)

DK, R (Go to SXB\_END)

SXB\_E02 If (SXB\_Q02 >= 1) and (SXB\_Q02 <= current age), go to SXB\_Q03.  
 Otherwise, show pop-up edit as follows.

**The entered age at which the respondent first had sexual intercourse is invalid. Please return and correct.**

SXB\_Q03 **In the past 12 months, have you had sexual intercourse?**

SXBn\_3

- 1 Yes
- 2 No (Go to SXB\_Q07)
- DK, R (Go to SXB\_END)

SXB\_Q04 **With how many different partners?**

SXBn\_4

- 1 1 partner
- 2 2 partners
- 3 3 partners
- 4 4 or more partners
- DK
- R (Go to SXB\_END)

SXB\_Q07 **Have you ever been diagnosed with a sexually transmitted disease?**

SXBn\_07

- 1 Yes
- 2 No
- DK, R

SXB\_C08A If SXB\_Q03 = 1 (had intercourse in last 12 months), go to SXB\_C08C.  
Otherwise, go to SXB\_END.

SXB\_C08C If marital status = 1 (married) or 2 (common-law) and SXB\_Q04 = 1 (one partner),  
go to SXB\_C09B.  
Otherwise, go to SXB\_Q08.

SXB\_Q08 **Did you use a condom the last time you had sexual intercourse?**

SXBn\_7A

- 1 Yes
- 2 No
- DK, R

SXB\_C09B If age > 24, go to SXB\_END.  
Otherwise, go to SXB\_R02.

SXB\_R02 **Now a few questions about birth control.**

INTERVIEWER: Press <Enter> to continue.

SXB\_C09C If sex = female, go to SXB\_C09D.  
Otherwise, go to SXB\_R04.

SXB\_C09D If MAM\_Q037 = 1 (currently pregnant), go to SXB\_Q11.  
Otherwise, go to SXB\_R03.

SXB\_R03 **I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**

INTERVIEWER: Press <Enter> to continue.

SXB\_Q09 **It is important to me to avoid getting pregnant right now.**

SXBn\_09

- 1 Strongly agree (Go to SXB\_Q11)
- 2 Agree (Go to SXB\_Q11)
- 3 Neither agree nor disagree (Go to SXB\_Q11)
- 4 Disagree (Go to SXB\_Q11)
- 5 Strongly disagree (Go to SXB\_Q11)
- DK (Go to SXB\_Q11)
- R (Go to SXB\_END)

SXB\_R04 **I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**

INTERVIEWER: Press <Enter> to continue.

SXB\_Q10 **It is important to me to avoid getting my partner pregnant right now.**

SXBn\_10

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Doesn't have a partner right now
- DK
- R (Go to SXB\_END)

SXB\_Q11 **In the past 12 months, did you and your partner usually use birth control?**  
 SXBn\_11

- 1 Yes (Go to SXB\_Q12)
- 2 No (Go to SXB\_END)
- DK, R (Go to SXB\_END)

SXB\_Q12 **What kind of birth control did you and your partner usually use?**  
INTERVIEWER: Mark all that apply.

- SXBn\_12A 1 Condom (male or female condom)
- SXBn\_12B 2 Birth control pill
- SXBn\_12C 3 Diaphragm
- SXBn\_12D 4 Spermicide (e.g., foam, jelly, film)
- SXBn\_12F 5 Birth control injection (Deprovera)
- SXBn\_12E 5 Other - Specify  
 DK, R (Go to SXB\_END)

SXB\_C12S If SXB\_Q12 = 6, go to SXB\_Q12S.  
 Otherwise, go to SXB\_C13.

SXB\_Q12S INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

SXB\_C13 If MAM\_Q037 = 1 (currently pregnant), go to SXB\_END.  
 Otherwise, go to SXB\_Q13.

SXB\_Q13 **What kind of birth control did you and your partner use the last time you had sex?**  
INTERVIEWER: Mark all that apply.

- SXBn\_13A 1 Condom (male or female condom)
- SXBn\_13B 2 Birth control pill
- SXBn\_13C 3 Diaphragm
- SXBn\_13D 4 Spermicide (e.g., foam, jelly, film)
- SXBn\_13F 5 Birth control injection (Deprovera)
- SXBn\_13G 6 Nothing
- SXBn\_13E 7 Other - Specify  
 DK, R (Go to SXB\_END)

SXB\_C13S If SXB\_Q13 = 7, go to SXB\_Q13S.  
 Otherwise, go to SXB\_END.

SXB\_Q13S INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

SXB\_END



## MEDICATION USE (MED)

MED\_C1            If (do MED block = 2), go to MED\_END.  
MEDnFDO        Otherwise, go to MED\_QINT.

MED\_QINT        **Now I'd like to ask a few questions about [your/FNAME's] use of medications, both prescription and over-the-counter.**  
INTERVIEWER: Press <Enter> to continue.

MED\_Q1A        **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:**  
MEDn\_1A

**... pain relievers such as aspirin or Tylenol (including arthritis medicine and anti-inflammatories)?**

- 1        Yes
- 2        No  
          DK  
          R                    (Go to MED\_END)

MED\_Q1B        **... tranquilizers such as Valium or Ativan?**  
MEDn\_1B

- 1        Yes
- 2        No  
          DK, R

MED\_Q1C        **... diet pills such Dexatrim, Ponderal or Fastin?**  
MEDn\_1C

- 1        Yes
- 2        No  
          DK, R

MED\_Q1D        **... anti-depressants such as Prozac, Paxil or Effexor?**  
MEDn\_1D

- 1        Yes
- 2        No  
          DK, R

MED\_Q1E        **... codeine, Demerol or morphine?**  
MEDn\_1E

- 1        Yes
- 2        No  
          DK, R

MED\_Q1F        **... allergy medicine such as Reactine or Allegra?**  
MEDn\_1F

- 1        Yes
- 2        No  
          DK, R

MED\_Q1G ... asthma medications such as inhalers or nebulizers?  
 MEDn\_1G

- 1 Yes
- 2 No  
DK, R

MED\_E1G If MED\_Q1G = 1 and CCC\_Q036 = 2 (not taking medication for asthma) show pop-up edit as follows:

**Inconsistent answers have been entered. The respondent has taken medicine for asthma in the past month but previously reported that he/she did not. Please confirm.**

MED\_Q1H ... cough or cold remedies?  
 MEDn\_1H

- 1 Yes
- 2 No  
DK, R

MED\_Q1I ... penicillin or other antibiotics?  
 MEDn\_1I

- 1 Yes
- 2 No  
DK, R

MED\_Q1J ... medicine for the heart?  
 MEDn\_1J

- 1 Yes
- 2 No  
DK, R

MED\_Q1K ... medicine for blood pressure?  
 MEDn\_1K

- 1 Yes
- 2 No  
DK, R

MED\_Q1L In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:  
 MEDn\_1L

... diuretics or water pills?

- 1 Yes
- 2 No  
DK, R

MED\_Q1M ... steroids?  
 MEDn\_1M

- 1 Yes
- 2 No  
DK, R

MED\_Q1N ... insulin?  
MEDn\_1N

- 1 Yes
- 2 No  
DK, R

MED\_E1N If MED\_Q1N = 1 and CCC\_Q105 = 2 (not currently taking insulin), show pop-up edit as follows:

**Inconsistent answers have been entered. The respondent has taken insulin in the past month but previously reported that he/she did not. Please confirm.**

MED\_Q1O ... pills to control diabetes?  
MEDn\_1O

- 1 Yes
- 2 No  
DK, R

MED\_E1O If MED\_Q1O = 1 and CCC\_Q101 = 2 (not having diabetes) show pop-up edit as follows:

**Inconsistent answers have been entered. The respondent has taken pills to control diabetes in the last month but previously reported that he/she did not have diabetes. Please confirm.**

MED\_Q1P ... sleeping pills such as Imovane, Nytol or Starnoc?  
MEDn\_1P

- 1 Yes
- 2 No  
DK, R

MED\_Q1Q ... stomach remedies?  
MEDn\_1Q

- 1 Yes
- 2 No  
DK, R

MED\_Q1R ... laxatives?  
MEDn\_1R

- 1 Yes
- 2 No  
DK, R

MED\_C1S If sex = female and age <= 49, go to MED\_Q1S.  
Otherwise, go to MED\_C1T.

MED\_Q1S ... birth control pills?  
MEDn\_1S

- 1 Yes
- 2 No  
DK, R

MED\_C1T If sex = female and age >= 30, go to MED\_Q1T.  
Otherwise, go to MED\_Q1U.

MED\_Q1T ... hormones for menopause or ageing symptoms?

MEDn\_1T

- 1 Yes
- 2 No (Go to MED\_Q1U)
- DK, R (Go to MED\_Q1U)

MED\_Q1T1 **What type of hormones [are/is] [you/she] taking?**

MEDn\_1T1

INTERVIEWER: Read categories to respondent.

- 1 **Estrogen only**
- 2 **Progesterone only**
- 3 **Both**
- 4 **Neither**
- DK, R

MED\_Q1T2 **When did [you/she] start this hormone therapy?**

MEDn\_1T2

INTERVIEWER: Enter the year (minimum is [year of birth + 30]; maximum is [current year]).

[\_][\_][\_][\_] Year  
 (MIN: year of birth + 30) (MAX: current year)  
 DK, R

MED\_E1T2 If outside these ranges, show pop-up edit as follows:

**Year must be between [year of birth + 30] and [current year]. Please return and correct.**

MED\_Q1U **In the past month, that is, from [date one month ago] to yesterday, did**

MEDn\_1U

**[you/FNAME] take:**

**... thyroid medication such as Synthroid or levothyroxine?**

- 1 Yes
- 2 No
- DK, R

MED\_Q1V **... any other medication?**

MEDn\_1V

- 1 Yes
- 2 No
- DK, R

MED\_C1V If MED\_Q1V <> 1, go to MED\_END.  
 Otherwise, go to MED\_Q1VS.

MED\_Q1VS INTERVIEWER: Specify.

\_\_\_\_\_  
 (80 spaces)  
 DK, R

MED\_END

## PSYCHOLOGICAL WELL-BEING MANIFESTATION SCALE (PWB)

PWB\_C1 If (do PWB block = 2), go to PWB\_END.  
PWBnFDO Otherwise, go to PWB\_C2.

PWB\_C2 If proxy interview, go to PWB\_END.  
Otherwise, go to PWB\_QINT.

PWB\_QINT **Now I'm going to read you a series of statements that people might use to describe themselves. Please tell me if you had these feelings almost always, frequently, half the time, rarely or never.**  
INTERVIEWER: Press <Enter> to continue.

PWB\_Q01 **During the past month, you felt self-confident.**  
PWBn\_01 INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
  - 2 **Frequently**
  - 3 **Half the time**
  - 4 **Rarely**
  - 5 **Never**
- DK, R

PWB\_Q02 **During the past month, you felt satisfied with what you were able to accomplish, you felt proud of yourself.**  
PWBn\_02 INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
  - 2 **Frequently**
  - 3 **Half the time**
  - 4 **Rarely**
  - 5 **Never**
- DK, R

PWB\_Q03 **(During the past month,) you were a “go-getter”, you took on lots of projects.**  
PWBn\_03

- 1 Almost always (Go to PWB\_Q04)
  - 2 Frequently (Go to PWB\_Q04)
  - 3 Half the time (Go to PWB\_Q04)
  - 4 Rarely (Go to PWB\_Q04)
  - 5 Never (Go to PWB\_Q04)
- DK, R

PWB\_C04 If (PWB\_Q01 = DK or R and PWB\_Q02 = DK or R), go to PWB\_END.  
Otherwise, go to PWB\_Q04.

PWB\_Q04  
PWBn\_04

**(During the past month,) you felt emotionally balanced.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never  
DK, R

PWB\_Q05  
PWBn\_05

**(During the past month,) you felt loved and appreciated.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never  
DK, R

PWB\_Q06  
PWBn\_06

**(During the past month,) you had goals and ambitions.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never  
DK, R

PWB\_Q07  
PWBn\_07

**(During the past month,) you felt like having fun, participating in sports and all your favourite activities and hobbies.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never  
DK, R

PWB\_Q08  
PWBn\_08

**During the past month, you felt useful.**

INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
- 2 **Frequently**
- 3 **Half the time**
- 4 **Rarely**
- 5 **Never**  
DK, R

PWB\_Q09  
PWBn\_09

**(During the past month,) you smiled easily.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never  
DK, R

PWB\_Q10  
PWBn\_10 **(During the past month,) you were true to yourself, being natural at all times.**

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q11  
PWBn\_11 **(During the past month,) you did a good job of listening to your friends.**

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q12  
PWBn\_12 **(During the past month,) you were curious and interested in all sorts of things.**

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q13  
PWBn\_13 **(During the past month,) you were able to clearly sort things out when faced with complicated situations.**

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q14  
PWBn\_14 **(During the past month,) you found life exciting and you wanted to enjoy every moment of it.**

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q15  
PWBn\_15 **(During the past month,) your life was well-balanced between your family, personal and professional activities.**

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q16  
PWBn\_16 **During the past month, you were quite calm and level-headed.**  
INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
  - 2 **Frequently**
  - 3 **Half the time**
  - 4 **Rarely**
  - 5 **Never**
- DK, R

PWB\_Q17  
PWBn\_17 **(During the past month,) you were able to easily find answers to your problems.**

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q18  
PWBn\_18 **(During the past month,) you got along well with everyone around you.**

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q19  
PWBn\_19 **(During the past month,) you lived at a normal pace, not doing anything excessively.**

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R



PWB\_Q20 (During the past month,) you had the impression of really enjoying life.  
PWBn\_20

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q21 (During the past month,) you had a good sense of humour, easily making  
PWBn\_21 your friends laugh.

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q22 (During the past month,) you felt good, at peace with yourself.  
PWBn\_22

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q23 (During the past month,) you felt healthy and in good shape.  
PWBn\_23

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q24 (During the past month,) you were able to face difficult situations in a  
PWBn\_24 positive way.

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q25

PWBn\_25

**(During the past month,) your morale was good.**

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_END

FOR INFORMATION ONLY

## SOCIAL SUPPORT – AVAILABILITY (SSA)

SSA\_BEG

SSA\_C1 If (do SSA block = 1), go to SSA\_C2.  
Otherwise, go to SSA\_END.

SSA\_C2 If proxy interview, go to SSA\_END.  
Otherwise, go to SSA\_R1.

SSA\_R1 **Next are some questions about the support that is available to you.**  
INTERVIEWER: Press <Enter> to continue.

SSA\_Q01 **Starting with a question on friendship, about how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind?**

|\_| Close friends  
(MIN: 0) (MAX: 99; warning after 20)

DK, R (Go to SSA\_END)

SSA\_R2 **People sometimes look to others for companionship, assistance or other types of support.**  
INTERVIEWER: Press <Enter> to continue.

SSA\_Q02 **How often is each of the following kinds of support available to you if you need it:**

**... someone to help you if you were confined to bed?**

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
  - 2 **A little of the time**
  - 3 **Some of the time**
  - 4 **Most of the time**
  - 5 **All of the time**
- DK, R (Go to SSA\_END)

SSA\_C02 If SSA\_Q02 = 2, 3, 4 or 5 then KEY\_PHRASES21A = "to help you if you were confined to bed".

SSA\_Q03 **(How often is each of the following kinds of support available to you if you need it:)**

**... someone you can count on to listen to you when you need to talk?**

- 1 None of the time
  - 2 A little of the time
  - 3 Some of the time
  - 4 Most of the time
  - 5 All of the time
- DK, R

- SSA\_C03 If SSA\_Q03 = 2, 3, 4 or 5 then KEY\_PHRASES24A = “to listen to you”.
- SSA\_Q04 **(How often is each of the following kinds of support available to you if you need it:)**
- ... someone to give you advice about a crisis?
- 1 None of the time
  - 2 A little of the time
  - 3 Some of the time
  - 4 Most of the time
  - 5 All of the time
- DK, R
- SSA\_C04 If SSA\_Q04 = 2, 3, 4 or 5 then KEY\_PHRASES24A = “to give you advice”.
- SSA\_Q05 **(How often is each of the following kinds of support available to you if you need it:)**
- ... someone to take you to the doctor if you needed it?
- 1 None of the time
  - 2 A little of the time
  - 3 Some of the time
  - 4 Most of the time
  - 5 All of the time
- DK, R
- SSA\_C05 If SSA\_Q05 = 2, 3, 4 or 5 then KEY\_PHRASES21A = “to take you to the doctor”.
- SSA\_Q06 **(How often is each of the following kinds of support available to you if you need it:)**
- ... someone who shows you love and affection?
- 1 None of the time
  - 2 A little of the time
  - 3 Some of the time
  - 4 Most of the time
  - 5 All of the time
- DK, R
- SSA\_C06 If SSA\_Q06 = 2, 3, 4 or 5 then KEY\_PHRASES22A = “to show you affection”.
- SSA\_Q07 **Again, how often is each of the following kinds of support available to you if you need it:**
- ... someone to have a good time with?
- 1 None of the time
  - 2 A little of the time
  - 3 Some of the time
  - 4 Most of the time
  - 5 All of the time
- DK, R

SSA\_C07 If SSA\_Q07 = 2, 3, 4 or 5 then KEY\_PHRASES23A = “to have a good time with”.

SSA\_Q08 **(How often is each of the following kinds of support available to you if you need it:)**

**... someone to give you information in order to help you understand a situation?**

- 1 None of the time
  - 2 A little of the time
  - 3 Some of the time
  - 4 Most of the time
  - 5 All of the time
- DK, R

SSA\_C08 If SSA\_Q08 = 2, 3, 4 or 5 then KEY\_PHRASES24A = “to give you information”.

SSA\_Q09 **(How often is each of the following kinds of support available to you if you need it:)**

**... someone to confide in or talk to about yourself or your problems?**

- 1 None of the time
  - 2 A little of the time
  - 3 Some of the time
  - 4 Most of the time
  - 5 All of the time
- DK, R

SSA\_C09 If SSA\_Q09 = 2, 3, 4 or 5 then KEY\_PHRASES24A = “to confide in”.

SSA\_Q10 **(How often is each of the following kinds of support available to you if you need it:)**

**... someone who hugs you?**

- 1 None of the time
  - 2 A little of the time
  - 3 Some of the time
  - 4 Most of the time
  - 5 All of the time
- DK, R

SSA\_C10 If SSA\_Q10 = 2, 3, 4 or 5 then KEY\_PHRASES22A = “to hug you”.

SM\_Q11 **(How often is each of the following kinds of support available to you if you need it:)**

**... someone to get together with for relaxation?**

- 1 None of the time
  - 2 A little of the time
  - 3 Some of the time
  - 4 Most of the time
  - 5 All of the time
- DK, R













































































































































































































































